

## ICMJE DISCLOSURE FORM

Date: 2021.6.1

Your Name: Meng-YingCui

Manuscript Title: Aberrant Lipid Metabolism Reprogramming and Immune Microenvironment for Gastric Cancer: a Literature Review

Manuscript number (if known): TCR-21-655

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	This study was supported by grants from National Natural Science Foundation of China (nos. 81770212, to Dr. Dan-Xia Zhu) and the full text was polished by the professional native speaker Dan-Xia Zhu.	We have no grants or contracts from any entity


**Time frame: past 36 months**

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4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment,	___ None	

	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

Date: 2021.6.1

Your Name: Xing Yi

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Date: 2021.6.1 Your

Name: Dan-Xia Zhu

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Date: 2021.6.1 \_\_\_\_\_ Your

Name: Jun Wu

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