

ICMJE DISCLOSURE FORM

Date: August 20, 2021

Your Name: Shaojie Chen

Manuscript Title: Peripheral blood monocytes predict clinical prognosis and support tumor invasivity through NF-κB dependent upregulation of Snail in pancreatic cancer

Manuscript number (if known): TCR-21-980-R2

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.

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Time frame: past 36 months			
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4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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Dr. Shaojie Chen reports This work was supported by the National Natural Science Foundation of China (Grant No. 81874057, 81972741, 82103142) and Science and Technology Program of Guangzhou, China (Grant No. 202102020082).

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: August 20, 2021

Your Name: Feifei Huang

Manuscript Title: Peripheral blood monocytes predict clinical prognosis and support tumor invasivity through NF-κB dependent upregulation of Snail in pancreatic cancer

Manuscript number (if known): TCR-21-980-R2

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ICMJE DISCLOSURE FORM

Date: August 20, 2021

Your Name: Chong He

Manuscript Title: Peripheral blood monocytes predict clinical prognosis and support tumor invasivity through NF-κB dependent upregulation of Snail in pancreatic cancer

Manuscript number (if known): TCR-21-980-R2

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ICMJE DISCLOSURE FORM

Date: August 20, 2021

Your Name: Jiajia Li

Manuscript Title: Peripheral blood monocytes predict clinical prognosis and support tumor invasivity through NF-κB dependent upregulation of Snail in pancreatic cancer

Manuscript number (if known): TCR-21-980-R2

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ICMJE DISCLOSURE FORM

Date: August 20, 2021

Your Name: Shangxiang Chen

Manuscript Title: Peripheral blood monocytes predict clinical prognosis and support tumor invasivity through NF-κB dependent upregulation of Snail in pancreatic cancer

Manuscript number (if known): TCR-21-980-R2

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ICMJE DISCLOSURE FORM

Date: August 20, 2021

Your Name: Yaging Li

Manuscript Title: Peripheral blood monocytes predict clinical prognosis and support tumor invasivity through NF-κB dependent upregulation of Snail in pancreatic cancer

Manuscript number (if known): TCR-21-980-R2

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ICMJE DISCLOSURE FORM

Date: August 20, 2021

Your Name: Yinting Chen

Manuscript Title: Peripheral blood monocytes predict clinical prognosis and support tumor invasivity through NF-κB dependent upregulation of Snail in pancreatic cancer

Manuscript number (if known): TCR-21-980-R2

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ICMJE DISCLOSURE FORM

Date: August 20, 2021

Your Name: Guoda Lian

Manuscript Title: Peripheral blood monocytes predict clinical prognosis and support tumor invasivity through NF-κB dependent upregulation of Snail in pancreatic cancer

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Date: August 20, 2021

Your Name: Kaihong Huang

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4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

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Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.