Date: October 8th,	2021
Your Name: Qian Fa	ing Huang
Manuscript Title: <u>Fc</u>	ocal pyroptosis-related genes AIM2 and ZBP1 are prognostic markers for triple-
<u>negative breast ca</u>	ncer with brain metastases.
Manuscript number (i	f known):

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	√None	
4	Consulting fees	None	

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

Dr. Huang has nothing to disclose.

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

Date:_	October 8th, 2021
Your N	ame: <u>Da Lang Fang</u>
Manus	cript Title: <u>Focal pyroptosis-related genes AIM2 and ZBP1 are prognostic markers for triple-</u>
<u>negat</u>	ive breast cancer with brain metastases.
Manus	cript number (if known):

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	√None	
4	Consulting fees	None	

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

Dr. Fang has nothing to disclose.

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

Date:	October 8th, 2021
Your N	ame: Bin Bin Nong
Manus	cript Title: <u>Focal pyroptosis-related genes AIM2 and ZBP1 are prognostic markers for triple-</u>
<u>negat</u>	ive breast cancer with brain metastases.
Manus	cript number (if known):

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	√None	
4	Consulting fees	<u>√</u> None	

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

Dr. Nong has nothing to disclose.

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

Date: <u>October 8th, 2021</u> Your Name: <u>Jian Zeng</u> Manuscript Title: <u>Focal pyroptosis-related genes AIM2 and ZBP1 are prognostic markers for triple-</u> <u>negative breast cancer with brain metastases.</u> Manuscript number (if known):

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	√None	
2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past √None None	36 months
4	Consulting fees	√None	

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

Dr. Zeng has nothing to disclose.

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