Dat	e:	<u></u>	
You	ır Name: <u>Ji</u>	ida Chen	
Ma	nuscript Title: <u> </u>	iomic Ferroptosis-Associat	ed Prognostic Signature Incorporating Epigenetic and
<u>Tra</u>	nscriptional Biomarkers for	· Hepatocellular Carcinoma	
Ma	nuscript number (if known)	: <u>TCR-21-2882</u>	
related to the related The	ited to the content of your ties whose interests may be ransparency and does not i itionship/activity/interest,	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so. ps/activities/interests as they relate to the current
to t	he epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in t	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,
the	time frame for disclosure is	s the past 36 months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed) Time frame: Since the initia	nlanning of the work
		Time trame. Since the mitia	planning of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	XNone	
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	30 months
	any entity (if not indicated	NNONC	
	in item #1 above).		
	Royalties or licenses	XNone	

Consulting fees

X__None

		_	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	V None	
6	Payment for expert testimony	XNone	
	codiniony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
4.0	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:
	N.		
	None.		

Date:	Mar. 13 th , 2022	
Your Name:	Xinli Zhu	
Manuscript Title:	_A Multiomic	Ferroptosis-Associated Prognostic Signature Incorporating Epigenetic and
Transcriptional B	iomarkers for Hepat	tocellular Carcinoma
Manuscript numb	er (if known):	TCR-21-2882_

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
		Time frame: Since the initial	planning of the work
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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

		_	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	V None	
6	Payment for expert testimony	XNone	
	codiniony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
4.0	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:
	N.		
	None.		

Da	te: <u>Mar. 13th, 202</u>	<u> 2</u>	
Yo	ur Name:D	anzhi Chen	
Ma	nuscript Title:A Mult	iomic Ferroptosis-Associa	ted Prognostic Signature Incorporating Epigenetic and
Tra	nscriptional Biomarkers for	Hepatocellular Carcinom	a
Ma	nuscript number (if known)	:TCR-21-2882	
related to the mass of the mas	ated to the content of your ties whose interests may be transparency and does not entionship/activity/interest, of following questions apply nuscript only. The author's relationships/activity entions apply of hyperted dication, even if that medication,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declare ation is not mentioned in	ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
		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)
		Time frame: Since the initia	al planning of the work
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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		

Royalties or licenses

Consulting fees

_X__None

X__None

3

		_	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	V None	
6	Payment for expert testimony	XNone	
	codiniony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
4.0	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:
	N.		
	None.		

Da	te: <u>Mar. 13th, 2022</u>		
Yo	ur Name: <u>Li</u>	dan Jin	
Ma	nuscript Title: <u> </u>	iomic Ferroptosis-Associat	ed Prognostic Signature Incorporating Epigenetic and
	inscriptional Biomarkers for		
Ma	nuscript number (if known)	:TCR-21-2882	
rela par to rela	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" med e affected by the content on necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so. ps/activities/interests as they relate to the current
	nuscript only.		po, accounting,c.
to i	the epidemiology of hypertedication, even if that medic	ension, you should declare ation is not mentioned in the pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l planning of the work
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.	XNone	
		Time frame: past	36 months
	_		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	any entity (if not indicated	XNoneXNone	

Consulting fees

X__None

		_	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	V None	
6	Payment for expert testimony	XNone	
	codiniony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
4.0	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:
	N.		
	None.		

Da	te:Mar. 13 th , 2022			
Yo	ur Name: <u>W</u>	/enbo Xu		
			ted Prognostic Signature Incorporating Epigenetic and	
	inscriptional Biomarkers for		<u>a</u>	
Ma	nuscript number (if known)	: <u>TCR-21-2882</u>		
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d		
		to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
ma	nuscript only.			
to me	the epidemiology of hyperto edication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other iten	!
		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)	
		Time frame: Since the initia	al planning of the work	
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.	XNone		
		Time frame: pas	t 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		

Royalties or licenses

Consulting fees

4

_X__None

X__None

		_	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	V None	
6	Payment for expert testimony	XNone	
	codiniony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
4.0	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:
	N.		
	None.		

Da	te: <u>Mar. 13th, 2022</u>			
Yo	ur Name: <u>W</u>	<u>/ei Yu</u>		
Ma	nuscript Title: <u>A Mult</u>	iomic Ferroptosis-Associa	ted Prognostic Signature Incorporating Epigenetic and	
_	nscriptional Biomarkers for		<u>a</u>	
Ma	nuscript number (if known)	:TCR-21-2882		
relator relator mass	ated to the content of your ties whose interests may be transparency and does not entionship/activity/interest, ationship/activity/interest, ationship questions apply nuscript only. The author's relationships/activity author's relationships activity author, and a second content and a second content activity and a second content activity.	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declare ation is not mentioned in	hips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive	9
		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)	
		Time frame: Since the initia	al planning of the work	
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.	XNone		
		Time frame: pas	t 36 months	
2	Grants or contracts from	XNone		
	any entity (if not indicated in item #1 above).			

Royalties or licenses

Consulting fees

4

_X__None

X__None

5	Payment or honoraria for lectures, presentations,	XNone					
	speakers bureaus,						
	manuscript writing or						
6	educational events	V None					
6	Payment for expert testimony	XNone					
7	Support for attending meetings and/or travel	X None					
8	Patents planned, issued or pending	XNone					
9	Participation on a Data Safety Monitoring Board or	XNone					
4.0	Advisory Board	V N					
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone					
	group, paid or unpaid						
11	Stock or stock options	X None					
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None					
13	Other financial or non- financial interests	XNone					
Ple	Please summarize the above conflict of interest in the following box:						
None.							

Da	te: <u>Mar. 13th, 2022</u>		
Yo	ur Name: <u>Li</u>	wen Zhang	
Ma	nuscript Title: <u>A Mult</u>	iomic Ferroptosis-Associa	ted Prognostic Signature Incorporating Epigenetic and
Tra	nscriptional Biomarkers for	Hepatocellular Carcinom	<u>a</u>
Ma	nuscript number (if known)	:TCR-21-2882	
rel pa to	ated to the content of your ties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to me	the epidemiology of hypertodication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,
		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)
		Time frame: Since the initia	al planning of the work
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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

Consulting fees

X__None

5	Payment or honoraria for lectures, presentations,	XNone					
	speakers bureaus,						
	manuscript writing or						
6	educational events	V None					
6	Payment for expert testimony	XNone					
7	Support for attending meetings and/or travel	X None					
8	Patents planned, issued or pending	XNone					
9	Participation on a Data Safety Monitoring Board or	XNone					
4.0	Advisory Board	V N					
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone					
	group, paid or unpaid						
11	Stock or stock options	X None					
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None					
13	Other financial or non- financial interests	XNone					
Ple	Please summarize the above conflict of interest in the following box:						
None.							