ICMJE DISCLOSURE FORM

Date:	_2022.2.16
Your Nam	ne:Qinyan Shen
Manuscri	pt Title:_A Newly Identified Pyroptosis-related Gene Signature for Predicting Prognosis of Patients with
Hepatoce	ellular Cancer
Manuscri	pt number (if known):_TCR-22-366

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 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)	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	_XNone	
4	Consulting fees	_XNone	

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-			
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X_None	
	pending		
9	Posticiontina on a Data	V Nego	
9	Participation on a Data Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
42	5	V N	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
	Please summarize the abo	ove conflict of interest in	the following box:
	None.		
<u></u>			

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.

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Date:2022.2.16		
Your Name: Yangping	Jiang	
Manuscript Title: A Newly Identified Pyroptosis-related Gene Signature for Predicting Prognosis of Patients with		
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Manuscript number (if k	known):_TCR-22-366	

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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5 Payment or honoraria	a for X None	
lectures, presentation		
speakers bureaus,		
manuscript writing or	r	
educational events		
6 Payment for expert testimony	XNone	
testimony		
7 Support for attending meetings and/or trav		
8 Patents planned, issu pending	ed orX_None	
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9 Participation on a Dat	ta _XNone	
Safety Monitoring Bo	ard or	
Advisory Board		
10 Leadership or fiducial in other board, societ		
committee or advoca		
group, paid or unpaid		
11 Stock or stock options	sX_None	
12 Receipt of equipment	t, X None	
materials, drugs, med		
writing, gifts or other		
services		
Other financial or nor	n- X_None	
financial interests		
Please summarize the	above conflict of interest in the	following box:
None.		
Please place an "X" ne	xt to the following statement to	o indicate your agreement:
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form.

ICMJE DISCLOSURE FORM

Date:2022.2.16	_
Your Name: Xihong Hu	_
Manuscript Title:_A Newly Identified Pyroptosis-related Gene Signature for Predicting Prognosis of Patients with	
Hepatocellular Cancer	
Manuscript number (if known):_TCR-22-366	

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