Date	e:2022.04.05		
	Name: Xiaoyang Zhan		
Man	uscript Title: Inhibition of A	Autophagy by 3-Methylad	enine Promotes Migration and Invasion of Colon Cancer Cells
thro	ugh Epithelial Mesenchyma	ll Transformation	
Man	uscript number (if known):		
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In ite	ication, even if that medica em #1 below, report all sup ime frame for disclosure is	port for the work reported the past 36 months. Name all entities with	d in this manuscript without time limit. For all other items, Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initia	al planning of the work
1	All support for the present		ar planning of the work
1	manuscript (e.g., funding,	_√None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	et 26 months
2	Grants or contracts from	v None	t 30 months
_	any entity (if not indicated	<u>_v</u>	
	in item #1 above).		
3	Royalties or licenses	_√None	

Consulting fees

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_None

5	Payment or honoraria for	√ None			
,	lectures, presentations,	IVOITE			
	speakers bureaus,				
	manuscript writing or				
	educational events				
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6	Payment for expert	<u>√</u> _None			
	testimony				
7	Support for attending meetings and/or travel	_√None			
	meetings and/or traver				
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	_ v None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	√ None			
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12	Receipt of equipment,	√ None			
	materials, drugs, medical	<u>-v</u> _none			
	writing, gifts or other				
	services				
13	Other financial or non-	√ None			
	financial interests				
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Plea	se summarize the above co	nflict of interest in the follo	owing box:		
T	he author has no conflicts of int	terest to declare.			

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.

Date	e: 2022.04.05			
	r Name: Hui Wang			
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		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 initial	planning of the work	
1	All support for the present manuscript (e.g., funding,	_√None		

		relationship or indicate none (add rows as needed)	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.	_√None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_√None	
3	Royalties or licenses	_ <u>V</u> None	
4	Consulting fees	_√None	

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

Date	:2022.04.05		
Your	Name:Miao Yu		
Man	uscript Title: <u>Inhibition of A</u>	autophagy by 3-Methylade	enine Promotes Migration and Invasion of Colon Cancer Cells
throu	ugh Epithelial Mesenchyma	l Transformation	
Man	uscript number (if known):		
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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)
		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.	_√None	
		Time frame: pas	t 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	_√None	
3	Royalties or licenses	_√None	
4	Consulting fees	_√None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_ <u>V</u> None	
6	Payment for expert	_√None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	√ None	
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9	Participation on a Data	√ None	
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12	Receipt of equipment,	_√None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_√None	
	financial interests		
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Date:	:2022.04.05		
Your	Name:Kun Ma		
Manı	uscript Title: <u>Inhibition of A</u>	utophagy by 3-Methylade	nine Promotes Migration and Invasion of Colon Cancer Cells
throu	ugh Epithelial Mesenchyma	l Transformation	
Manı	uscript number (if known):		
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		Time frame: past	t 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	_√None	
3	Royalties or licenses	_ <u>√</u> None	
4	Consulting fees	<u>√</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_ <u>V</u> None	
6	Payment for expert	_√None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	√ None	
	pending		
9	Participation on a Data	√ None	
9	Safety Monitoring Board or	_ <u>v</u> ivone	
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	group, paid or unpaid		
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12	Receipt of equipment,	_√None	
	materials, drugs, medical writing, gifts or other		
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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

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Date: _	2022.04.05
Your Na	ame:Li Ning
Manus	cript Title: Inhibition of Autophagy by 3-Methyladenine Promotes Migration and Invasion of Colon Cancer Cells
throug	n Epithelial Mesenchymal Transformation
Manus	cript number (if known):

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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)
		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.	_VNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_√None	
3	Royalties or licenses	_V None	
4	Consulting fees	_√None	

5	Payment or honoraria for	_ <u>V</u> None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	<u>√</u> None		
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8	Patents planned, issued or	<u>√</u> None		
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	Safety Monitoring Board or			
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10	Leadership or fiduciary role	<u>_V</u> None		
	in other board, society,			
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	group, paid or unpaid			
11	Stock or stock options	V_None		
12	Receipt of equipment,	_√None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	_√None		
	financial interests			
	Please summarize the above conflict of interest in the following box: The author has no conflicts of interest to declare.			

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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.