ICMJE DISCLOSURE FORM

Date: The 13 th of September,2022
Your Name:_Hanna Siiskonen
Manuscript Title: Mast cell chymase is in contact with melanoma cells in vivo and it detaches melanoma cells from the
substratum in vitro
Manuscript number (if known):_TCR-22-1688-CL

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.	the Finnish Dermatological Society	Research grant.
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	X_None	

4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	X_None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

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

I have received research funding from the Finnish Dermatological Society. I have no conflicts of interest and no commercial relationships.

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.

In Knopio 13.9.22 Haasil

ICMJE DISCLOSURE FORM
Date: Ang 2, 2022 (and Sep. 6, 2022)
Your Name: ILEEQ T. Harving
Manuscript Title: Mast cell chymase is in contact with melanomy cells in vivo
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.

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		Time frame: Since the init	
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	Cancer Foundation to Finland VIR-Funding of KnopioUniversit hospital University of Eastern Finland Funding Support from all
1000		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	_X_None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
1	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	<u>X</u> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u>None</u>	
	in other board, society,		
	committee or advocacy		
ļ	group, paid or unpaid		
11	Stock or stock options	None	
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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Please summarize the above conflict of interest in the following box:

No conflict of interest No commercial relationships Funding: Concer Foundation to Finkind, VTR-Funding of Knopio University Hospital, University of Eastern Finland

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

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

orm. JICke Harving SCP.6, 2022 Marving JICke Harving