

## ICMJE DISCLOSURE FORM

**Date:** 11<sup>th</sup> of August 2023

**Your Name:** Claudia Beatriz Hereñú

**Manuscript Title:** Phytochemicals as estrogen receptor modulators?- a commentary of a network pharmacology study of two commonly employed Chinese herbal medicines in non-small cell lung cancer treatment

**Manuscript number (if known):** TCR-23-1440

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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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)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
2	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	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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13	Other financial or non-financial interests	___ None	

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

I have no conflicts of interest 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.**

## ICMJE DISCLOSURE FORM

**Date:** 11<sup>th</sup> of August 2023

**Your Name:** Rosana Crespo

**Manuscript Title:** Phytochemicals as estrogen receptor modulators?- a commentary of a network pharmacology study of two commonly employed Chinese herbal medicines in non-small cell lung cancer treatment

**Manuscript number (if known):** TCR-23-1440

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