

## ICMJE DISCLOSURE FORM

Date: May 31, 2023

Your Name: Li Chen

Manuscript Title: Construction of an exosome-associated miRNA-mRNA regulatory network and validates FYCO1 and miR-17-5p as potential biomarkers associated with ovarian cancer

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.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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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> |                                                                                                                                                                                |                                                                                              |                                                                                     |
| 1                                                         | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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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).                                                                                                       | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
| 3                                                         | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
| 4                                                         | Consulting fees                                                                                                                                                                | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u>  X  </u> None |  |
| 6  | Payment for expert testimony                                                                                 | <u>  X  </u> None |  |
| 7  | Support for attending meetings and/or travel                                                                 | <u>  X  </u> None |  |
| 8  | Patents planned, issued or pending                                                                           | <u>  X  </u> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <u>  X  </u> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <u>  X  </u> None |  |
| 11 | Stock or stock options                                                                                       | <u>  X  </u> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <u>  X  </u> None |  |
| 13 | Other financial or non-financial interests                                                                   | <u>  X  </u> None |  |

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

None.

**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: May 31, 2023

Your Name: Linglin Lai

Manuscript Title: Construction of an exosome-associated miRNA-mRNA regulatory network and validates FYCO1 and miR-17-5p as potential biomarkers associated with ovarian cancer

Manuscript number (if known): \_\_\_\_\_

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| 4                                                         | Consulting fees                                                                                                                                                                | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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| 13 | Other financial or non-financial interests                                                                   | <u>  X  </u> None |  |

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## ICMJE DISCLOSURE FORM

Date: May 31, 2023

Your Name: Lingbo Zheng

Manuscript Title: Construction of an exosome-associated miRNA-mRNA regulatory network and validates FYCO1 and miR-17-5p as potential biomarkers associated with ovarian cancer

Manuscript number (if known): \_\_\_\_\_

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| 4                                                         | Consulting fees                                                                                                                                                                | <u> X </u> None                                                                              |                                                                                     |
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## ICMJE DISCLOSURE FORM

Date: May 31, 2023

Your Name: Youzhi Wang

Manuscript Title: Construction of an exosome-associated miRNA-mRNA regulatory network and validates FYCO1 and miR-17-5p as potential biomarkers associated with ovarian cancer

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: May 31, 2023

Your Name: Huigin Lu

Manuscript Title: Construction of an exosome-associated miRNA-mRNA regulatory network and validates FYCO1 and miR-17-5p as potential biomarkers associated with ovarian cancer

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## ICMJE DISCLOSURE FORM

Date: May 31, 2023

Your Name: Yan Chen

Manuscript Title: Construction of an exosome-associated miRNA-mRNA regulatory network and validates FYCO1 and miR-17-5p as potential biomarkers associated with ovarian cancer

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