

## ICMJE DISCLOSURE FORM

Date: Feb. 17<sup>th</sup>, 2024

Your Name: Liya Dai

Manuscript Title: Molecular, biological characterization and drug sensitivity of chidamide resistant MCF7 cells

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

No.
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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: Feb. 17<sup>th</sup>, 2024

Your Name: Chen Zhang

Manuscript Title: Molecular, biological characterization and drug sensitivity of chidamide resistant MCF7 cells

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

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## ICMJE DISCLOSURE FORM

Date: Feb. 17<sup>th</sup>, 2024

Your Name: Wenwen Gao

Manuscript Title: Molecular, biological characterization and drug sensitivity of chidamide resistant MCF7 cells

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

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## ICMJE DISCLOSURE FORM

Date: Feb. 17<sup>th</sup>, 2024

Your Name: Jie Pan

Manuscript Title: Molecular, biological characterization and drug sensitivity of chidamide resistant MCF7 cells

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

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## ICMJE DISCLOSURE FORM

Date: Feb. 17<sup>th</sup>, 2024

Your Name: Sijia Huang

Manuscript Title: Molecular, biological characterization and drug sensitivity of chidamide resistant MCF7 cells

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

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## ICMJE DISCLOSURE FORM

Date: Feb. 17<sup>th</sup>, 2024

Your Name: Yingtian Zhang

Manuscript Title: Molecular, biological characterization and drug sensitivity of chidamide resistant MCF7 cells

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

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Date: Feb. 17<sup>th</sup>, 2024

Your Name: Yaping Cheng

Manuscript Title: Molecular, biological characterization and drug sensitivity of chidamide resistant MCF7 cells

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

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## ICMJE DISCLOSURE FORM

Date: Feb. 17<sup>th</sup>, 2024

Your Name: Yanjie Wang

Manuscript Title: Molecular, biological characterization and drug sensitivity of chidamide resistant MCF7 cells

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

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## ICMJE DISCLOSURE FORM

Date: Feb. 17<sup>th</sup>, 2024

Your Name: Jialong Tao

Manuscript Title: Molecular, biological characterization and drug sensitivity of chidamide resistant MCF7 cells

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

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## ICMJE DISCLOSURE FORM

Date: Feb. 17<sup>th</sup>, 2024

Your Name: Hui Wang

Manuscript Title: Molecular, biological characterization and drug sensitivity of chidamide resistant MCF7 cells

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

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Date: Feb. 17<sup>th</sup>, 2024

Your Name: Zhengyang Feng

Manuscript Title: Molecular, biological characterization and drug sensitivity of chidamide resistant MCF7 cells

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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.) <b>No time limit for this item.</b>	<u>__X__</u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	

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

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

No.
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**Please place an "X" next to the following statement to indicate your agreement:**

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: Feb. 17<sup>th</sup>, 2024

Your Name: Cunjin Su

Manuscript Title: Molecular, biological characterization and drug sensitivity of chidamide resistant MCF7 cells

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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## ICMJE DISCLOSURE FORM

Date: Feb. 17<sup>th</sup>, 2024

Your Name: Yusong Zhang

Manuscript Title: Molecular, biological characterization and drug sensitivity of chidamide resistant MCF7 cells

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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