Date: July 15, 2023
Your Name: Nickolas Sanchez
Manuscript Title: Biomarkers derived from CmP signal network in triple negative Breast Cancers
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 <u>current 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or nonoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
U	testimony	None		
	testimony			
-	6 16 11 11			
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	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			
		1		
Plea	Please summarize the above conflict of interest in the following box:			
	ise summarize the above to	inner of interest in the for	iowing box.	
	None			

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

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

Date: <u>07/17/202</u>
Your Name: Charles Harvey
Manuscript Title: Biomarkers derived from CmP signal network in triple negative breast cancers (TNBCs)
Manuscript number (if known): TBCR-23-30

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
			planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any	None	
	entity (if not indicated in		
	item #1 above).		

3	Royalties or licenses	None	
4	Consulting fees	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	G (C (1) 1'	N	
7	Support for attending meetings and/or travel	None	
	C		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Dlag	a aummaniza tha abaya aa	nfligt of interest in the fell	lavving have

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

I, Charles Harvey, Declare no Conflict of interest in the boxes above.		

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: 7-17-23	
Your Name:_Drexell Vincent	
Manuscript Title: Biomarkers deri	ved from CmP signal network in triple negative Breast Cancers (TNBCs)
Manuscript number (if known):	TBCR-23-30

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2	Grants or contracts from any entity (if not indicated	Time frame: pastNone	36 months
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	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 meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
9	Safety Monitoring Board or	None		
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy 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			
Plea	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.

Date: 07/17/2023 Your Name: Jacob Croft

Manuscript Title:Biomarkers derived from CmP signal network in triple negative Breast Cancers (TNBCs)

Manuscript number (if known): TBCR-23-30

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

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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	None	
4	Consulting fees	None	
5		None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

I, Jacob Croft, Declare no Conflict of interest in the boxes above.	

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:_	July 15, 2023
Your N	ame:_Jun Zhang
Manus	cript Title: Biomarkers derived from CmP signal network in triple negative Breast Cancers
Manus	crint number (if known): TRCR-23-30

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

5	Payment or honoraria for	None		П			
5		None		_			
	lectures, presentations,						
	speakers bureaus,						
	manuscript writing or						
	educational events						
6	Payment for expert	None					
	testimony						
7	Support for attending	None		Ī			
	meetings and/or travel						
	g ,						
8	Patents planned, issued or	None					
	pending						
9	Participation on a Data	None					
	Safety Monitoring Board or						
	Advisory Board						
10	Leadership or fiduciary role	None					
	in other board, society,						
	committee or advocacy			_			
	group, paid or unpaid						
11	Stock or stock options	None		Ī			
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12	Receipt of equipment,	None		-			
**	materials, drugs, medical	140110		_			
	writing, gifts or other	_		_			
	services						
12	Other financial or non-	None		-			
13	financial interests	None		_			
	financial interests						
Plea	ise summarize the above co	ntlict of interest in the fo	ollowing box:				
None							

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