Date	e:2022/4/2	7	
	r Name: Haitao G		
Man	uscript Title:_NLRP3 activa	tion in tumor-associated m	nacrophages enhances lung metastasis of pancreatic ducta
	nocarcinoma		
Man	uscript number (if known):		
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		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l 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.	XNone	
		Time frame: past	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X None	
3	Royalties of ficerises	NOTIC	
1	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above co	nflict of interest in the fo	lowing box:
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Date	e:2022/4/2	!./	
You	r Name: Wenshe	ng Deng	
Mar	nuscript Title: _NLRP3 activa	ntion in tumor-associated n	nacrophages enhances lung metastasis of pancreatic duct
ade	nocarcinoma		
Mar	nuscript number (if known):		
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to tl med In it	ne epidemiology of hyperte lication, even if that medica	nsion, you should declare a ition is not mentioned in the port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  I in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
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		Time frame: Since the initia	l planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
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	Country on south 1. f	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X None	
	, and or morning		
4	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above co	nflict of interest in the fo	lowing box:
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Date:	2022/4/27	
<b>Manuscript Tit</b>	le:_NLRP3 activation	n in tumor-associated macrophages enhances lung metastasis of
pancreatic du	uctal adenocarcinom	<u>a</u>
Manuscript nu	mber (if known):	
related to the oparties whose to transparence	content of your manusc interests may be affect cy and does not necessa	k you to disclose all relationships/activities/interests listed below that are cript. "Related" means any relation with for-profit or not-for-profit third sed by the content of the manuscript. Disclosure represents a commitment crily indicate a bias. If you are in doubt about whether to list a eferable that you do so.
The following o		author's relationships/activities/interests as they relate to the <u>current</u>
to the epidemi	iology of hypertension,	interests should be <u>defined broadly</u> . For example, if your manuscript pertains you should declare all relationships with manufacturers of antihypertensive not mentioned in the manuscript.
In item #1 belo	ow, report all support fo	or the work reported in this manuscript without time limit. For all other items

		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,	XNone	
	medical writing, article processing charges, etc.)  No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
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13	financial interests	XNone	
	inancial interests		
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Date	e:2022/4/2	7	
You	r Name: Yu Chan	g	
Mar	nuscript Title: _NLRP3 activa	tion in tumor-associated i	macrophages enhances lung metastasis of pancreatic ductal
	nocarcinoma		
Mar	nuscript number (if known):		
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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your institution)
		relationship or indicate none (add rows as	institution)
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	X None	a planning of the work
1	manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	X None	t so months
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
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1	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
0	Dankisia akian ana Daka	V Name	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	V None	
13	financial interests	XNone	
	inianolal inter ests		
Ple	ase summarize the above co	nflict of interest in the fo	llowing box:
1	None.		
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Date: 19<sup>th</sup> April, 2022 Your Name: Vishal G Shelat

Manuscript Title: NLRP3 activation in tumor-associated macrophages enhances lung metastasis of pancreatic ductal

adenocarcinoma

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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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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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	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	
	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		

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

The author has no conflicts to declare.		

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

Date:_	<u>April 18<sup>th</sup>, 2022</u>	
Your N	Name: <u>Kunihiro Tsuchida</u>	
Manus	script Title: _NLRP3 activation in tumor-associated macrophages enhances lung metastasis of pancreatic duc	tal
adeno	ocarcinoma	
Manus	script 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: 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	

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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	
	meetings and/or travel		
8	Patents planned, issued or	None	
Ü	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		
Ple	Please summarize the above conflict of interest in the following box:		
Г			
	None.		
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Date:April 19 <sup>th</sup> , 2022					
Your Name:	Leonardo Saúl Lino-Silva				
Manuscript Title: _NLRP3 activation in tumor-associated macrophages enhances lung metastasis of pancreatic ductal					
adenocarcinoma					
Manuscript numl	per (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: 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	lectures, presentations, speakers bureaus,	None	
	manuscript writing or		
	educational events	.,	
6	Payment for expert	None	
	testimony		
7	Compant for attending	Name	
/	Support for attending meetings and/or travel	None	
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		
4.4	group, paid or unpaid	N	
11	Stock or stock options	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
	services		
13	Other financial or non-	None	
13	financial interests		
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
	None.		

Dat	e:2022/4/2	./	
	r Name: Zhaowe		
Maı	nuscript Title: _NLRP3 activa	ition in tumor-associated r	macrophages enhances lung metastasis of pancreatic ducta
	nocarcinoma		
Maı	nuscript number (if known):		
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3	Royalties or licenses	XNone	
4	Consulting fees	X None	

lectures, presentations, speakers bureaus, manuscript writing or educational events   X_None	5	Payment or honoraria for	XNone	
manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Receipt of the financial or non-financial interests  Please summarize the above conflict of interest in the following box:				
educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Paceipt of equipment, materials, drugs, medical writing, gifts or other services  Please summarize the above conflict of interest in the following box:    X_None				
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Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:				
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Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:				
in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options XNone  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non- financial interests  Please summarize the above conflict of interest in the following box:				
in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options XNone  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non- financial interests  Please summarize the above conflict of interest in the following box:	10	Leadership or fiduciary role	X None	
group, paid or unpaid  11 Stock or stock options  X_None  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:				
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or nonfinancial interests  Please summarize the above conflict of interest in the following box:		committee or advocacy		
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Other financial or non-financial interests XNone  Please summarize the above conflict of interest in the following box:				
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