ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Shenglan Li

Manuscript Title: Liposomal honokiol inhibits glioblastoma growth through regulating macrophage polarization

Manuscript number (if known): ATM-21-1836

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) |
|---|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 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.** | _**X**_ None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _**X**_ None |
| 3 | Royalties or licenses | _**X**_ None |
| 4 | Consulting fees | _**X**_ None |

**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**
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. 25th, 2021
Your Name: ______ Long Li
Manuscript Title: ______ Liposomal honokiol inhibits glioblastoma growth through regulating macrophage polarization

Manuscript number (if known): ______ ATM-21-1836

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|   | No time limit for this item.                                                                    |                                                                                      |
|   |                                                                                                 |                                                                                      |
|   |                                                                                                 |                                                                                      |
|   |                                                                                                 |                                                                                      |
|   |                                                                                                 |                                                                                      |

|   | Time frame: past 36 months                                                                     |                                                                                      |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X_ None                                                                           |
|   |                                                                                                 |                                                                                      |
|   |                                                                                                 |                                                                                      |
| 3 | Royalties or licenses                                                                           | _X_ None                                                                           |
|   |                                                                                                 |                                                                                      |
|   |                                                                                                 |                                                                                      |
| 4 | Consulting fees                                                                                 | _X_ None                                                                           |
|   |                                                                                                 |                                                                                      |
|   |                                                                                                 |                                                                                      |
|   | Description                                                                 | X   | None |
|---|-----------------------------------------------------------------------------|-----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,          | X   | None |
|   | manuscript writing or educational events                                     |     |      |
| 6 | Payment for expert testimony                                                | X   | None |
| 7 | Support for attending meetings and/or travel                                 | X   | None |
| 8 | Patents planned, issued or pending                                           | X   | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X   | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy  | X   | None |
|   | group, paid or unpaid                                                        |     |      |
| 11| Stock or stock options                                                       | X   | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | X   | None |
|   | services                                                                     |     |      |
| 13| Other financial or non-financial interests                                   | X   | None |

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**_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 25th, 2021
Your Name: Jinyi Chen
Manuscript Title: Liposomal honokiol inhibits glioblastoma growth through regulating macrophage polarization
Manuscript number (if known): ATM-21-1836

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| Item | Description                                                                 | Time frame: Since the initial planning of the work | Specifications/Comments (e.g., if payments were made to you or to your institution) | Time frame: past 36 months |
|------|-----------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------|----------------------------|
| 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. | _X_ None                                         |                                                                                | _X_ None                   |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).     | _X_ None                                         |                                                                                |                             |
| 3    | Royalties or licenses                                                        | _X_ None                                         |                                                                                |                             |
| 4    | Consulting fees                                                             | _X_ None                                         |                                                                                |                             |
|   | Description                                                                 | Response |
|---|------------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                 | _X_ None |
| 7 | Support for attending meetings and/or travel                                  | _X_ None |
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| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                        | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                    | _X_ None |

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021
Your Name: Yaqiong Fan
Manuscript Title: Liposomal honokiol inhibits glioblastoma growth through regulating macrophage polarization
Manuscript number (if known): ATM-21-1836

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| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
|   | Question                                                                 | Response |
|---|--------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                             | _X_ None |
| 7 | Support for attending meetings and/or travel                             | _X_ None |
| 8 | Patents planned, issued or pending                                       | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board        | _X_ None |
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| 11| Stock or stock options                                                   | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                | _X_ None |

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None.

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021
Your Name: Ce Wang
Manuscript Title: Liposomal honokiol inhibits glioblastoma growth through regulating macrophage polarization
Manuscript number (if known): ATM-21-1836

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                    | X | None |

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None.

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**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. 25th, 2021__
Your Name: __Yuan Du__
Manuscript Title: __Liposomal honokiol inhibits glioblastoma growth through regulating macrophage polarization__
Manuscript number (if known): __ATM-21-1836__

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| 3 | Royalties or licenses                                                                           | __X__ None                                                                         |
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| 11| Stock or stock options                                                                     | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services           | X None |
| 13| Other financial or non-financial interests                                                 | X None |

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Date: May 25th, 2021
Your Name: Caixia Guo
Manuscript Title: Liposomal honokiol inhibits glioblastoma growth through regulating macrophage polarization
Manuscript number (if known): ATM-21-1836

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| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
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| 6 | Payment for expert testimony                                                 | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
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| 13| Other financial or non-financial interests                                    | X | None |

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Your Name: ____________________________________________________________
Manuscript Title: _________________________________________________________
Manuscript number (if known): _____________________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |

**Time frame: past 36 months**

| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
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|---|-----------------------------------------------------------------------------|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,        | _X_ | None |
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| 7 | Support for attending meetings and/or travel                                 | _X_ | None |
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|   | group, paid or unpaid                                                        |   |   |
| 11| Stock or stock options                                                       | _X_ | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | _X_ | None |
|   | services                                                                     |   |   |
| 13| Other financial or non-financial interests                                   | _X_ | None |

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