ICMJE DISCLOSURE FORM

Date: __2022/01/26__

Your Name: __Wen Dong__

Manuscript Title: __IKKα contributes to ischemia-induced autophagy after acute cerebral ischemic injury__

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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | √ None |
|  | 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). | √ None |
| 3 | Royalties or licenses | √ None |
| 4 | Consulting fees | √ None |
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events
   √ None

6 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:

The author has no conflicts of interest to declare.

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: 2022/01/26
Your Name: Qingfang Chen
Manuscript Title: IKKα contributes to ischemia-induced autophagy after acute cerebral ischemic injury
Manuscript number (if known): 

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | √ None                                                                              |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | √ None                                                                              |
| 3 | Royalties or licenses                                                                           | √ None                                                                              |
| 4 | Consulting fees                                                                                 | √ None                                                                              |

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

**Time frame: past 36 months**
|   | Description                                                                 | None |
|---|-----------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | √None |
| 6 | 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 |

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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: 2022/01/26
Your Name: Shunying Zhao
Manuscript Title: IKKα contributes to ischemia-induced autophagy after acute cerebral ischemic injury
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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ✓ None |
| 3 | Royalties or licenses | ✓ None |
| 4 | Consulting fees | ✓ None |
| **Time frame: past 36 months** | | |


### Conflicts of Interest

| Question                                                                 | None |
|-------------------------------------------------------------------------|------|
| 5  Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ✗ None |
| 6  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 |

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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: _2022/01/26_
Your Name: _Shaohong Wen_
Manuscript Title: _IKKα contributes to ischemia-induced autophagy after acute cerebral ischemic injury_
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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| 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 lectures, presentations, speakers bureaus, manuscript writing or educational events | √ None |
|6  | 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 |

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ICMJE DISCLOSURE FORM

Date: __2022/01/26__
Your Name: __Wentao Chen__
Manuscript Title: __IKKα contributes to ischemia-induced autophagy after acute cerebral ischemic injury__
Manuscript number (if known): ____________________________________________________________

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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 |
|   | Conflict Description                                                                 | X None          |
|---|-------------------------------------------------------------------------------------|----------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | √ None          |
| 6 | 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          |

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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: 2022/01/26
Your Name: Weizhen Ye
Manuscript Title: IKKα contributes to ischemia-induced autophagy after acute cerebral ischemic injury
Manuscript number (if known): ________________________________

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| 3 | Royalties or licenses | √ None | |
| 4 | Consulting fees | √ None | |
|   | Conflict Description                                                                 |   |   |
|---|--------------------------------------------------------------------------------------|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | √ None |   |
| 6 | 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 |   |

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**X**
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Date: _2022/01/26_
Your Name: _Ting Gong_
Manuscript Title: _IKKα contributes to ischemia-induced autophagy after acute cerebral ischemic injury_
Manuscript number (if known): ________________________________

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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                                                                          |
|   | Description                                                                 |   | None |
|---|------------------------------------------------------------------------------|---|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |   | None |
| 6 | 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 |

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ICMJE DISCLOSURE FORM

Date: _2022/01/26_
Your Name: __Mingyu Jiang______________________________
Manuscript Title: __IKKα contributes to ischemia-induced autophagy after acute cerebral ischemic injury__
Manuscript number (if known): ________________________________________________________________

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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).                    | √ None                                                                             |
| 3 | Royalties or licenses                                                                       | √ None                                                                             |
| 4 | Consulting fees                                                                            | √ None                                                                             |
|   | Statement                                                                 | None |
|---|---------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,      | None |
|   | manuscript writing or educational events                                  |      |
| 6 | 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        | None |
|   | advocacy group, paid or unpaid                                            |      |
| 11| Stock or stock options                                                    | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other   | None |
|   | services                                                                   |      |
| 13| Other financial or non-financial interests                                 | None |

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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: 2022/01/26
Your Name: Xiangrong Liu
Manuscript Title: IKKα contributes to ischemia-induced autophagy after acute cerebral ischemic injury

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | √ None |
| 3 | Royalties or licenses                                             | √ None |
| 4 | Consulting fees                                                  | √ None |
|   | **Time frame: past 36 months**                                   |                                                                                   |
|   | Conflict Description                                                                 | None? |
|---|--------------------------------------------------------------------------------------|------|
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| 6 | Payment for expert testimony                                                          | √    |
| 7 | Support for attending meetings and/or travel                                          | √    |
| 8 | Patents planned, issued or pending                                                    | √    |
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|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      | √    |
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