ICMJE DISCLOSURE FORM

Date: __________ 2022/11/18

Your Name: Ying Song

Manuscript Title: Analyzing the multi-target pharmacological mechanism of folium Artemisia argyi acting on breast cancer: a network pharmacology approach

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.

The author’s relationships/activities/interests should be defined broadly. 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.

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.) | X None |
|   | No time limit for this item.                                                                  |                                                                                  |

Time frame: Since the initial planning of the work

|   |                                                                                               |
|---|-------------------------------------------------------------------------------------------------|
| 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 |


|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 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 |

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: ______________ 2022/11/18

Your Name: Jinlu Wang

Manuscript Title: Analyzing the multi-target pharmacological mechanism of folium Artemisia argyi acting on breast cancer: a network pharmacology approach

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.) | _X_ 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).                       | _X_ None                                                                          |
| 3 | Royalties or licenses                                                                          | _X_ None                                                                          |
| 4 | Consulting fees                                                                                | _X_ None                                                                          |
| No. | Description                                                                            | Answer |
|-----|----------------------------------------------------------------------------------------|--------|
| 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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None

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**ICMJE DISCLOSURE FORM**

Date:______________2022/11/18________________________

Your Name:____Xiuli Wang________________________________________

Manuscript Title:____Analyzing the multi-target pharmacological mechanism of folium *Artemisia argyi* acting on breast cancer: a network pharmacology approach_____

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). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _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.
Date: _______________2022/11/18________________________

Your Name: ______Han Zhang____________________________________________________________

Manuscript Title: ____________________________________Analyzing the multi-target pharmacological mechanism of folium *Artemisia argyi* acting on breast cancer: a network pharmacology approach ________

Manuscript number (if known): ___

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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                                                                          |

|   | **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, 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: _______________ 2022/11/18

Your Name: ___ Xingjian Niu __________________________

Manuscript Title: ____ Analyzing the multi-target pharmacological mechanism of folium Artemisia argyi acting on breast cancer: a network pharmacology approach ______

Manuscript number (if known): 

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| Item | Description | Time frame: Since the initial planning of the work | 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.) | ___X__None | ___X__None |
|      | No time limit for this item. | | |
| 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                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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.
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Date: _______________2022/11/18______________________________

Your Name: ______ Yue Yang ____________________________________________

Manuscript Title: __Analyzing the multi-target pharmacological mechanism of folium Artemisia argyi acting on breast cancer: a network pharmacology approach______

Manuscript number (if known):

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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                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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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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.
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Date: ________________________________ 2022/11/18

Your Name: ______________ Xudong Yang ________________________________

Manuscript Title: __________Analyzing the multi-target pharmacological mechanism of folium Artemisia argyi acting on breast cancer: a network pharmacology approach ______

Manuscript number (if known):

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|   | **Time frame: Since the initial planning of the work**                                       |                                                                                   |
| 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: past 36 months**                                                            |                                                                                   |
|   | Conflict of Interest                                                                 | Answer |
|---|-------------------------------------------------------------------------------------|--------|
| 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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Date:______________2022/11/18________________________
Your Name:____Lei Yin_____________________________________
Manuscript Title:____Analyzing the multi-target pharmacological mechanism of folium Artemisia argyi acting on breast cancer: a network pharmacology approach____
Manuscript number (if known):___

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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                                                                         |
|   | **Time frame: past 36 months**                                                                |                                                                                  |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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 advocacy  | None   |
|   | 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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ICMJE DISCLOSURE FORM

Date: ______________ 2022/11/18

Your Name: ______ Yiran Wang

Manuscript Title: ____Analyzing the multi-target pharmacological mechanism of folium Artemisia argyi acting on breast cancer: a network pharmacology approach _____

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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                                                                          |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Answer |
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| 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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ICMJE DISCLOSURE FORM

Date: 2022/11/18

Your Name: Cuiying Zhang

Manuscript Title: Analyzing the multi-target pharmacological mechanism of folium Artemisia argyi acting on breast cancer: a network pharmacology approach

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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                                                                        |

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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  |
|---|-----------------------------------------------------------------------------|----|
| 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 |
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ICMJE DISCLOSURE FORM

Date: ______________ 2022/11/18

Your Name: Ruixue Shui

Manuscript Title: Analyzing the multi-target pharmacological mechanism of folium Artemisia argyi acting on breast cancer: a network pharmacology approach

Manuscript number (if known):__

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| 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
|   | Question                                                                 | Response |
|---|-------------------------------------------------------------------------|----------|
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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 |
|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 |

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

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Date:______________2022/11/18________________________________________
Your Name:____ Qingyuan Zhang________________________________________
Manuscript Title:___Analyzing the multi-target pharmacological mechanism of folium _Artemisia argyi_ acting on breast cancer: a network pharmacology approach _____
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**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**

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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                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
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| 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   |
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Date: ___________ 2022/11/18

Your Name: _______ Hongfei Ji

Manuscript Title: ___Analyzing the multi-target pharmacological mechanism of folium *Artemisia argyi* acting on breast cancer: a network pharmacology approach_____

Manuscript number (if known):

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| 3 | Royalties or licenses                                                                        | **X** None                                                                       |
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|   |   |   |
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