ICMJE DISCLOSURE FORM

Date:_____ December 1st, 2021____________________________________________________
Your Name:_____ Yang Huang _________________________________________________
Manuscript Title:_______ Development of a novel necroptosis-associated miRNA risk signature to evaluate the prognosis of colon cancer patients
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) |
|---|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 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: Since the initial planning of the work**

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

**Time frame: past 36 months**

|   |   |   |
|---|---|---|
| 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: _____ December 1st, 2021______________________________________________________
Your Name: _____ Yuanyuan Zou ________________________________________________
Manuscript Title: _______ Development of a novel necroptosis-associated miRNA risk signature to evaluate the prognosis of colon cancer patients
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 |
|      | **No time limit for this item.**                                                                 |                                                                                  |
| 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 of Interest                                                                 | 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:____ December 1st, 2021_____________________________________________________
Your Name:____ Qiru Xiong ________________________________________________
Manuscript Title:________ Development of a novel necroptosis-associated miRNA risk signature to evaluate the prognosis of colon cancer patients
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). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | 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 |
|   | Question                                                                 | 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   |
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ICMJE DISCLOSURE FORM

Date:____ December 1st, 2021__________________________________________
Your Name:____ Chao Zhang __________________________________________
Manuscript Title:____ Development of a novel necroptosis-associated miRNA risk signature to evaluate the prognosis of colon cancer patients
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.** | Since the initial planning of the work | None | |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | past 36 months | None | |
| 3    | Royalties or licenses | | None | |
| 4    | Consulting fees | | None | |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
|---|------------------------------------------------------------------------------------------------------------|------|
| 6 | Payment for expert testimony                                                                 | None |
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| 8 | Patents planned, issued or pending                                                                            | None |
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| 11| Stock or stock options                                                                                         | None |
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| 13| Other financial or non-financial interests                                                                   | None |

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ICMJE DISCLOSURE FORM

Date:____ December 1st, 2021____________________________________________________
Your Name: _____José María Sayagués___________________________________________
Manuscript Title:______ Development of a novel necroptosis-associated miRNA risk signature to evaluate the prognosis of colon cancer patients
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.) | None |
|   | **No time limit for this item.** | |
| 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**
|   |                                                                                           |   |
|---|-------------------------------------------------------------------------------------------|---|
| 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: 28th Nov 2021
Your Name: Vishal G Shelat
Manuscript Title: Development of a novel necroptosis-associated miRNA risk signature to evaluate the prognosis of colon cancer patients
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_ | I did not receive any funding for participation in this manuscript. |

| Item | 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) |
|------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | _None_ | Not applicable |
| 3    | Royalties or licenses | _None_ | Not applicable |
| 4    | Consulting fees | _None_ | No fees received |
| 5    | Payment or honoraria for | _None_ | Not applicable |
| Activity                                                                 | None | Statement                                      |
|-------------------------------------------------------------------------|------|-----------------------------------------------|
| lectures, presentations, speakers bureaus, manuscript writing or educational events | | |
| Payment for expert testimony                                           | None | No payments received                          |
| Support for attending meetings and/or travel                            | None | Not applicable                                |
| Patents planned, issued or pending                                      | None |                                               |
| Participation on a Data Safety Monitoring Board or Advisory Board        | None |                                               |
| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |                                               |
| Stock or stock options                                                  | None |                                               |
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |                                               |
| Other financial or non-financial interests                               | None |                                               |

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ICMJE DISCLOSURE FORM

Date: _____ December 1st, 2021

Your Name: _____ Xingyu Wang

Manuscript Title: _______ Development of a novel necroptosis-associated miRNA risk signature to evaluate the prognosis of colon cancer patients

Manuscript number (if known): ______________________________________

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Time frame: Since the initial planning of the work

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Time frame: past 36 months

| 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 |
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