ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| Cunliang                   | Cai                    | 26-November-2020 |

4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author’s Name

Xiangdong Mu

5. Manuscript Title

Identification of novel transcription factor-microRNA-mRNA co-regulatory networks in pulmonary large-cell neuroendocrine carcinoma

6. Manuscript Identifying Number (if you know it)

ATM-20-7759

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? [ ] Yes [✓] No

## Section 3. Relevant financial activities outside the submitted work.

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Dr. Cai has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Qianli
2. Surname (Last Name) Zeng
3. Date 26-November-2020
4. Are you the corresponding author? Yes ☐ No ☑

Corresponding Author's Name Xiangdong Mu

5. Manuscript Title
Identification of novel transcription factor-microRNA-mRNA co-regulatory networks in pulmonary large-cell neuroendocrine carcinoma

6. Manuscript Identifying Number (if you know it)
ATM-20-7759

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes ☐ No ☑

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Dr. Zeng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Guiliang

2. Surname (Last Name)  
   Zhou

3. Date  
   26-November-2020

4. Are you the corresponding author?  
   Yes [ ] No [x]

Corresponding Author’s Name  
Xiangdong Mu

5. Manuscript Title  
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   Xiangdong

2. Surname (Last Name)  
   Mu

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