

## ICMJE DISCLOSURE FORM

**Date:** 3/28/2023

**Your Name:** Daisuke Aizawa

**Manuscript Title:** Dyrk2 gene transfer suppresses hepatocarcinogenesis by promoting the degradation of Myc and Hras

**Manuscript Number (if known):** JHEPR-D-22-00619R1

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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**Your Name:** Koichiro Haruki

**Manuscript Title:** Dyrk2 gene transfer suppresses hepatocarcinogenesis by promoting the degradation of Myc and Hras

**Manuscript Number (if known):** JHEPR-D-22-00619R1

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**Your Name:** Toru Ikegami

**Manuscript Title:** Dyrk2 gene transfer suppresses hepatocarcinogenesis by promoting the degradation of Myc and Hras

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**Your Name:** Hiroshi Kamioka

**Manuscript Title:** Dyrk2 gene transfer suppresses hepatocarcinogenesis by promoting the degradation of Myc and Hras

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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:** 3/28/2023

**Your Name:** Yuji Nishikawa

**Manuscript Title:** Dyrk2 gene transfer suppresses hepatocarcinogenesis by promoting the degradation of Myc and Hras

**Manuscript Number (if known):** JHEPR-D-22-00619R1

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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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

Please place an "X" next to the following statement to indicate your agreement:

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:** 3/23/2023

**Your Name:** Tsunekazu Oikawa

**Manuscript Title:** Dyrk2 gene transfer suppresses hepatocarcinogenesis by promoting the degradation of Myc and Hras

**Manuscript Number (if known):** JHEPR-D-22-00619R1

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## ICMJE DISCLOSURE FORM

**Date:** 3/28/2023

**Your Name:** Chisato Saeki

**Manuscript Title:** Dyrk2 gene transfer suppresses hepatocarcinogenesis by promoting the degradation of Myc and Hras

**Manuscript Number (if known):** JHEPR-D-22-00619R1

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## ICMJE DISCLOSURE FORM

**Date:** 3/28/2023

**Your Name:** Masayuki Saruta

**Manuscript Title:** Dyrk2 gene transfer suppresses hepatocarcinogenesis by promoting the degradation of Myc and Hras

**Manuscript Number (if known):** JHEPR-D-22-00619R1

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**Please place an "X" next to the following statement to indicate your agreement:**

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:** 3/28/2023

**Your Name:** Masayuki Shimoda

**Manuscript Title:** Dyrk2 gene transfer suppresses hepatocarcinogenesis by promoting the degradation of Myc and Hras

**Manuscript Number (if known):** JHEPR-D-22-00619R1

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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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:** 3/28/2023

**Your Name:** Kaoru Ueda

**Manuscript Title:** Dyrk2 gene transfer suppresses hepatocarcinogenesis by promoting the degradation of Myc and Hras

**Manuscript Number (if known):** JHEPR-D-22-00619R1

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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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: 27<sup>th</sup> March 2023  
 Your Name: Satomi Yogosawa  
 Manuscript Title: Dyrk2 gene transfer suppresses hepatocarcinogenesis by promoting the degradation of Myc and Hras  
 Manuscript number (if known): JHEPR-D-22-00619R1

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.

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<b>Time frame: past 36 months</b>			
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 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:** 3/28/2023

**Your Name:** Kiyotsugu Yoshida

**Manuscript Title:** Dyrk2 gene transfer suppresses hepatocarcinogenesis by promoting the degradation of Myc and Hras

**Manuscript Number (if known):** JHEPR-D-22-00619R1

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.