

ICMJE DISCLOSURE FORM

Date: 18/3/2024
 Your Name: Ping Cheng
 Manuscript Title: Ferroptosis: a promising target for fumarate hydratase-deficient tumor therapeutics
 Manuscript number (if known): TCR-24-21

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)
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.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:

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: 18/3/2024
 Your Name: Ruohan Xia
 Manuscript Title: Ferroptosis: a promising target for fumarate hydratase-deficient tumor therapeutics
 Manuscript number (if known): TCR-24-21

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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.) No time limit for this item.	<u>None</u>	
		The National Natural Science Foundation of China (No. 81974115 to Ruohan Xia)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Ruohan Xia reports the National Natural Science Foundation of China (No. 81974115).

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: 18/3/2024
 Your Name: Xianwang Wang
 Manuscript Title: Ferroptosis: a promising target for fumarate hydratase-deficient tumor therapeutics
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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.) No time limit for this item.	<input type="checkbox"/> None <input type="checkbox"/> The Central Government guiding local funds for scientific and Technological Development (No. XZ202201YD0024C to Xianwang Wang) <input type="checkbox"/> Key R & D Program of Hubei Province (No. 2021BGD010 to Xianwang Wang) <input type="checkbox"/> Hubei Province Scientific and Technological Research Project (No. D20201306 to Xianwang Wang) <input type="checkbox"/> Hubei Province Health	

		Research Project (No. WJ2019-01 to Xianwang Wang)	
		Hubei Medical Youth Tip-Top Talent(to Xianwang Wang)	
		Leading Talent Program of Yangtze Talent Project and the College Students Innovative Entrepreneurial Training Program in Yangtze University (Nos. YZ2021296 and YZ2022307 to Xianwang Wang)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Xianwang Wang reports the Central Government guiding local funds for scientific and Technological Development (No. XZ202201YD0024C), Key R & D Program of Hubei Province (No. 2021BGD010), Hubei Province Scientific and Technological Research Project (No. D20201306), Hubei Province Health Research Project (No. WJ2019-01), Hubei Medical Youth Tip-Top Talent, Leading Talent Program of Yangtze Talent Project and the College Students Innovative Entrepreneurial Training Program in Yangtze University (Nos. YZ2021296 and YZ2022307).

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