Date: <u>Oct. 25<sup>th</sup>, 2024</u>							
Your Name:	Shiyong Zhuang						
Manuscript Title:	Causal relationship between cathepsins and major salivary gland neoplasms: a bidirectional						
Mendelian randor	Mendelian randomization study						
Manuscript numb	Vanuscript number (if known): GS-24-374						
•							

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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		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)
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1	All support for the present	X_None	
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	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time illinit for tims item.		
		Time frame: past	26 months
2	Country on an absorber for my	-	56 Months
2	Grants or contracts from	X_None	
	any entity (if not indicated in item #1 above).		
3	,	V None	
3	Royalties or licenses	X_None	
4	Consulting fees	X None	
4	Consulting lees	^_NOTIE	

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

None			

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

Date: <u>Oct. 25<sup>th</sup>, 2024</u>						
Your Name:	Haoran Ding					
Manuscript Title:	Causal relationship between cathepsins and major salivary gland neoplasms: a bidirectional					
<u>Mendelian randor</u>	nization study					
Manuscript numb	er (if known): <u>GS-24-374</u>					

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

None			

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

Date: <u>Oct. 25<sup>th</sup>, 2024</u>						
Your Name:	Hanyao Huang					
Manuscript Title:	Causal relationship between cathepsins and major salivary gland neoplasms: a bidirectional					
Mendelian randor	nization study					
Vanuscript number (if known): GS-24-374						
•	, ,					

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		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 average of facilities are asset	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	X_None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	X_None	
	o lu c		
4	Consulting fees	X_None	

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

None			

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

Date: <u>Oct. 25<sup>th</sup>, 2024</u>						
Your Name:	Tianyi Wang					
Manuscript Title:	Causal relationship between cathepsins and major salivary gland neoplasms: a bidirectional					
<u>Mendelian randor</u>	mization study					
Manuscript numb	er (if known): <u>GS-24-374</u>					

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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.	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	

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

None			

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

Date: <u>Oct. 25<sup>th</sup>, 2024</u>						
Your Name:	Chengyan Li					
Manuscript Title:	Causal relationship between cathepsins and major salivary gland neoplasms: a bidirectional					
<u>Mendelian randor</u>	nization study					
Manuscript numb	er (if known): <u>GS-24-374</u>					

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		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	X_None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

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

None			

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

Date: <u>Oct. 25<sup>th</sup>, 2024</u>						
Your Name:	Xingzhi Zeng					
Manuscript Title:	Causal relationship between cathepsins and major salivary gland neoplasms: a bidirectional					
Mendelian randor	nization study					
Manuscript numbe	er (if known): <u>GS-24-374</u>					

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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	X_None	
	o lu c		
4	Consulting fees	X_None	

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

None			

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

Date: Oct. 25th, 2024	
Your Name: Yi Li	
Manuscript Title:	Causal relationship between cathepsins and major salivary gland neoplasms: a bidirectional
Mendelian randomizat	tion study
Manuscript number (if	known): <u>GS-24-374</u>

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	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.	X_None	
		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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
		V N	
8	Patents planned, issued or	XNone	
	pending		
•	5 5 .	V N	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
44	group, paid or unpaid	V N	
11	Stock or stock options	XNone	
12	Descipt of aguings ant	V None	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
	ariolar irred ests		

None			

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