

## ICMJE DISCLOSURE FORM

Date: 2022/07/27

Your Name: Enmin Huang

Manuscript Title: A novel senescence-associated lncRNA signature predicts the prognosis and tumor microenvironment of patients with colorectal cancer

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.

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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 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: \_\_\_\_\_ 2022/07/27 \_\_\_\_\_

Your Name: \_\_\_\_\_ Tao Ma \_\_\_\_\_

Manuscript Title: A novel senescence-associated LncRNA signature predicts the prognosis and tumor microenvironment of patients with colorectal cancer \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2022/07/27 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Junyi Zhou \_\_\_\_\_  
 Manuscript Title: \_\_\_ A novel senescence-associated LncRNA signature predicts the prognosis and tumor microenvironment of patients with colorectal cancer \_\_\_\_\_  
 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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## ICMJE DISCLOSURE FORM

Date: 2022/07/27

Your Name: Ning Ma

Manuscript Title: A novel senescence-associated LncRNA signature predicts the prognosis and tumor microenvironment of patients with colorectal cancer

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/07/27

Your Name: Weisheng Yang

Manuscript Title: A novel senescence-associated LncRNA signature predicts the prognosis and tumor microenvironment of patients with colorectal cancer

Manuscript number (if known): \_\_\_\_\_

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> _ X _ None	
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**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: 2022/07/27

Your Name: Chuangxiong Liu

Manuscript Title: A novel senescence-associated LncRNA signature predicts the prognosis and tumor microenvironment of patients with colorectal cancer

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/07/27  
 Your Name: Zehui Hou  
 Manuscript Title: A novel senescence-associated LncRNA signature predicts the prognosis and tumor microenvironment of patients with colorectal cancer  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/07/27

Your Name: Shuang Chen

Manuscript Title: A novel senescence-associated LncRNA signature predicts the prognosis and tumor microenvironment of patients with colorectal cancer

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/07/27  
 Your Name: Zhen Zong  
 Manuscript Title: A novel senescence-associated LncRNA signature predicts the prognosis and tumor microenvironment of patients with colorectal cancer  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2022/07/27 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Bing Zeng \_\_\_\_\_  
 Manuscript Title: A novel senescence-associated lncRNA signature predicts the prognosis and tumor microenvironment of patients with colorectal cancer \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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Bing Zeng reports that the work was funded by The National Natural Science Foundation of China (No. 81973858), The Basic and Applied Basic Research Fund Project of Guangdong Province (No. 2019A1515011200), and The Science and Technology Plan Project of Qingyuan City (No. 2019A028).

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## ICMJE DISCLOSURE FORM

Date: 2022/07/27  
 Your Name: Yingru Li  
 Manuscript Title: A novel senescence-associated lncRNA signature predicts the prognosis and tumor microenvironment of patients with colorectal cancer  
 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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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	The National Natural Science Foundation of China (No. 82172790).	
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 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:**

Yingru Li reports that the work was funded by The National Natural Science Foundation of China (No. 82172790).

**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: \_\_\_\_\_ 2022/07/27 \_\_\_\_\_

Your Name: \_\_\_\_\_ Taicheng Zhou \_\_\_\_\_

Manuscript Title: \_\_\_ A novel senescence-associated LncRNA signature predicts the prognosis and tumor microenvironment of patients with colorectal cancer \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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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).	the National Key Clinical Discipline, the Basic and Applied Basic Research Fund Project of Guangdong Province (No. 2021A1515410004).	
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	
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**Please place an “X” next to the following statement to indicate your agreement:**

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