ICMJE DISCLOSURE FORM

Date: Aug 28th, 2021
Your Name: Xing-Wei Jin
Manuscript Title: An Experimental Model of Epithelial to Mesenchymal Transition and Pro-fibrogenesis in Urothelial Cells Related to Bladder Pain Syndrome/Interstitial Cystitis
Manuscript number (if known): TAU-21-392

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.

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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) |
|---|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| **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.) | the National Natural Science Foundation of China (No. 81970658)                     |
|   | **No time limit for this item.** |                                                                                     |
|   |                                                                                     | The funder had no role in this study.                                               |
|   |                                                                                     | the General Programs of the Shanghai Science and Technology Commission (19ZR1432300) |
|   |                                                                                     | The funder had no role in this study.                                               |
|   |                                                                                     | the Youth Program of Shanghai Ruijin Hospital North (2020ZY06)                     |
|   |                                                                                     | The funder had no role in this study.                                               |
| **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 lectures, presentations, speakers bureaus, manuscript writing or educational events | _X__None |
| 6 | Payment for expert testimony | _X__None |
| 7 | Support for attending meetings and/or travel | _X__None |
| 8 | Patents planned, issued or pending | _X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X__None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X__None |
| 11 | Stock or stock options | _X__None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X__None |
| 13 | Other financial or non-financial interests | _X__None |

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

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**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: __Aug. 28th, 2021__

Your Name: __Qi-Zhang Wang__

Manuscript Title: __An Experimental Model of Epithelial to Mesenchymal Transition and Pro-fibrogenesis in Urothelial Cells Related to Bladder Pain Syndrome/Interstitial Cystitis__

Manuscript number (if known): __TAU-21-392__

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|   |                                                                                                  | the General Programs of the Shanghai Science and Technology Commission (19ZR1432300) | The funder had no role in this study. |
|   |                                                                                                  | the Youth Program of Shanghai Ruijin Hospital North (2020ZY06) | The funder had no role in this study. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | __X__ None                                                                      |
| 3 | Royalties or licenses                                                                           | __X__ None                                                                      |
|   | Description                                                                 |   |
|---|----------------------------------------------------------------------------|---|
| 4 | Consulting fees                                                           | __X__None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,       | __X__None |
|   | manuscript writing or educational events                                   |   |
| 6 | Payment for expert testimony                                               | __X__None |
| 7 | Support for attending meetings and/or travel                                | __X__None |
| 8 | Patents planned, issued or pending                                         | __X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board          | __X__None |
| 10| Leadership or fiduciary role in other board, society, committee or         | __X__None |
|   | advocacy group, paid or unpaid                                              |   |
| 11| Stock or stock options                                                     | __X__None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other    | __X__None |
|   | services                                                                    |   |
| 13| Other financial or non-financial interests                                  | __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: **Aug. 28**th, 2021
Your Name: Yang Zhao
Manuscript Title: An Experimental Model of Epithelial to Mesenchymal Transition and Pro-fibrogenesis in Urothelial Cells Related to Bladder Pain Syndrome/Interstitial Cystitis
Manuscript number (if known): TAU-21-392

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| | | the General Programs of the Shanghai Science and Technology Commission (19ZR1432300) | The funder had no role in this study. |
| | | the Youth Program of Shanghai Ruijin Hospital North (2020ZY06) | The funder had no role in this study. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). **X** None | |
| 3 | Royalties or licenses **X** None | |
| No. | Description                                                                 | Agreement |
|-----|------------------------------------------------------------------------------|-----------|
| 4   | Consulting fees                                                             | X None    |
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6   | Payment for expert testimony                                                 | X None    |
| 7   | Support for attending meetings and/or travel                                 | X None    |
| 8   | Patents planned, issued or pending                                           | X None    |
| 9   | Participation on a Data Safety Monitoring Board or Advisory Board             | X None    |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11  | Stock or stock options                                                       | X None    |
| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13  | Other financial or non-financial interests                                    | 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:** Aug 28\textsuperscript{th}, 2021  
**Your Name:** Bo-Ke Liu  
**Manuscript Title:** An Experimental Model of Epithelial to Mesenchymal Transition and Pro-fibrogenesis in Urothelial Cells Related to Bladder Pain Syndrome/Interstitial Cystitis  
**Manuscript number (if known):** TAU-21-392

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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 | | |
|   | Description                                                                 | X | 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                 |

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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: ____ Aug. 28\textsuperscript{th}, 2021
Your Name: __ Xiang Zhang __
Manuscript Title: __ An Experimental Model of Epithelial to Mesenchymal Transition and Pro-fibrogenesis in Urothelial Cells Related to Bladder Pain Syndrome/Interstitial Cystitis __
Manuscript number (if known): __ TAU-21-392 __

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). X None |
| 3 | Royalties or licenses X None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Financial Interest                                                                 | Agreement |
|---|-----------------------------------------------------------------------------------|-----------|
| 4 | Consulting fees                                                                    | X_NONE    |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X_NONE    |
| 6 | Payment for expert testimony                                                       | X_NONE    |
| 7 | Support for attending meetings and/or travel                                       | X_NONE    |
| 8 | Patents planned, issued or pending                                                 | X_NONE    |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                  | X_NONE    |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X_NONE    |
|11 | Stock or stock options                                                             | X_NONE    |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | X_NONE    |
|13 | Other financial or non-financial interests                                          | X_NONE    |

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ICMJE DISCLOSURE FORM

Date: __Aug. 28th, 2021__

Your Name: Xian-Jin Wang

Manuscript Title: An Experimental Model of Epithelial to Mesenchymal Transition and Pro-fibrogenesis in Urothelial Cells Related to Bladder Pain Syndrome/Interstitial Cystitis

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|  |  | the Youth Program of Shanghai Ruijin Hospital North (2020ZY06) | The funder had no role in this study. |

| 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 |
|   | Category                                                                 | Response |
|---|-------------------------------------------------------------------------|----------|
| 4 | Consulting fees                                                         | None     |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,     | None     |
|   | manuscript writing or educational events                                |          |
| 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      | None     |
|   | advocacy group, paid or unpaid                                          |          |
| 11| Stock or stock options                                                  | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other  | None     |
|   | services                                                                 |          |
| 13| Other financial or non-financial interests                               | None     |

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Date: ___ Aug. 28th, 2021
Your Name: Guo-Liang Lu
Manuscript Title: An Experimental Model of Epithelial to Mesenchymal Transition and Pro-fibrogenesis in Urothelial Cells Related to Bladder Pain Syndrome/Interstitial Cystitis
Manuscript number (if known): TAU-21-392

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|   |                                                                                             | the General Programs of the Shanghai Science and Technology Commission (19ZR1432300) | The funder had no role in this study. |
|   |                                                                                             | the Youth Program of Shanghai Ruijin Hospital North (2020ZY06)                     | The funder had no role in this study. |
| 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 lectures, presentations, speakers bureaus, manuscript writing or educational events | X_None |
| 6 | Payment for expert testimony | X_None |
| 7 | Support for attending meetings and/or travel | X_None |
| 8 | Patents planned, issued or pending | X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X_None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X_None |
| 11 | Stock or stock options | X_None |
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Date: ___Aug. 28th, 2021___
Your Name: ___Jun-Wei Pan___
Manuscript Title: ___An Experimental Model of Epithelial to Mesenchymal Transition and Pro-fibrogenesis in Urothelial Cells Related to Bladder Pain Syndrome/Interstitial Cystitis___
Manuscript number (if known): ___TAU-21-392___

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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**                                                     |                                                                                   |
|   | Conflict of Interest                                                                 | Agreement |
|---|--------------------------------------------------------------------------------------|-----------|
| 4 | Consulting fees                                                                      | X_None    |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X_None    |
| 6 | Payment for expert testimony                                                        | X_None    |
| 7 | Support for attending meetings and/or travel                                         | X_None    |
| 8 | Patents planned, issued or pending                                                   | X_None    |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                     | X_None    |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X_None    |
|11 | Stock or stock options                                                               | X_None    |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services     | X_None    |
|13 | Other financial or non-financial interests                                            | X_None    |

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ICMJE DISCLOSURE FORM

Date: __Aug. 28th, 2021__
Your Name: __Yuan Shao__
Manuscript Title: __An Experimental Model of Epithelial to Mesenchymal Transition and Pro-fibrogenesis in Urothelial Cells Related to Bladder Pain Syndrome/Interstitial Cystitis__
Manuscript number (if known): __TAU-21-392__

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| | | the General Programs of the Shanghai Science and Technology Commission (19ZR1432300) | The funder had no role in this study. |
| | | the Youth Program of Shanghai Ruijin Hospital North (2020ZY06) | The funder had no role in this study. |
| **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 |
|   | Conflict Description                                                                 | Answer  |
|---|-------------------------------------------------------------------------------------|---------|
| 4 | Consulting fees                                                                      | _X_ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                         | _X_ None |
| 7 | Support for attending meetings and/or travel                                        | _X_ None |
| 8 | Patents planned, issued or pending                                                   | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                    | _X_ None |
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|11 | Stock or stock options                                                               | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services     | _X_ None |
|13 | Other financial or non-financial interests                                           | _X_ None |

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

I have no above conflicts of interest to declare except the funding, of which the funders had no role in this study.

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.