ICMJE DISCLOSURE FORM

Date: January 21, 2022
Your Name: Jie Zhu
Manuscript Title: Using network pharmacology and molecular docking to explore the underlying anti-inflammatory mechanism of Wuyao-Danshen to treat endometriosis
Manuscript number (if known): ATM-22-419

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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|   | 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.** | ___√___ None                                                                    |
|   |                                                                                             |                                                                                  |
| 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                                                                     | ___√___ None                                                                    |

|   |                                                                                             | Time frame: past 36 months                                                     |
| 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                                                                     | ___√___ None                                                                    |
|   | lectures, presentations, speakers bureaus, 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 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 summarize the above conflict of interest in the following box:**

I confirm that there is no any conflict of interest in this study.

**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: January 21, 2022
Your Name: Xiaoou Xue
Manuscript Title: Using network pharmacology and molecular docking to explore the underlying anti-inflammatory mechanism of Wuyao-Danshen to treat endometriosis
Manuscript number (if known): __ ATN-22-419__________________________________________________________

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| 3 | Royalties or licenses | __√__None |
| 4 | Consulting fees | __√__None |
| 5 | Payment or honoraria for | __√__None |
| Column                                                                 | Response |
|-----------------------------------------------------------------------|----------|
| lectures, presentations, speakers bureaus, manuscript writing or     |          |
| educational events                                                    |          |
| Payment for expert testimony                                          | √ None   |
| Support for attending meetings and/or travel                          | √ None   |
| Patents planned, issued or pending                                    | √ None   |
| Participation on a Data Safety Monitoring Board or Advisory Board     | √ None   |
| Leadership or fiduciary role in other board, society, committee or    | √ None   |
| advocacy group, paid or unpaid                                        |          |
| Stock or stock options                                                | √ None   |
| Receipt of equipment, materials, drugs, medical writing, gifts or     | √ None   |
| other services                                                        |          |
| Other financial or non-financial interests                             | √ None   |

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Date: January 21, 2022
Your Name: Zhiping He
Manuscript Title: Using network pharmacology and molecular docking to explore the underlying anti-inflammatory mechanism of Wuyao-Danshen to treat endometriosis
Manuscript number (if known): ATM-22-419

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| 3 | Royalties or licenses                                                                         | __√__ None                                                                                |
| 4 | Consulting fees                                                                               | __√__ None                                                                                |
| 5 | Payment or honoraria for                                                                       | __√__ None                                                                                |

Time frame: Since the initial planning of the work

Time frame: past 36 months
| Activity                                                                 | Response |
|------------------------------------------------------------------------|----------|
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| 7 Support for attending meetings and/or travel                          | __√__None|
| 8 Patents planned, issued or pending                                    | __√__None|
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| 11 Stock or stock options                                               | __√__None|
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| 13 Other financial or non-financial interests                           | __√__None|

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ICMJE DISCLOSURE FORM

**Date**: January 21, 2022  
**Your Name**: Jiawei Zhang  
**Manuscript Title**: Using network pharmacology and molecular docking to explore the underlying anti-inflammatory mechanism of Wuyao-Danshen to treat endometriosis  
**Manuscript number (if known)**: ATM-22-419

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|                                                                 |   |   |
|-----------------------------------------------------------------|--|--
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ICMJE DISCLOSURE FORM

Date: January 21, 2022
Your Name: Haiyun Sun
Manuscript Title: Using network pharmacology and molecular docking to explore the underlying anti-inflammatory mechanism of Wuyao-Danshen to treat endometriosis
Manuscript number (if known): ATM-22-419

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| 3 | Royalties or licenses | _√_ None |
| 4 | Consulting fees | _√_ None |
| 5 | Payment or honoraria for | _√_ None |
### Conflict of Interest

| Item                                                                 | Responded | Interest |
|----------------------------------------------------------------------|-----------|----------|
| 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     |
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