ICMJE DISCLOSURE FORM

Date: 2021/9/17
Your Name: Guoliang Lu
Manuscript Title: Identifying prognostic signatures in the microenvironment of prostate 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.

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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 support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) |  ✔  None |
|   | **No time limit for this item.**                                                                 |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      |  ✔  None |
| 3 | Royalties or licenses                                                                          |  ✔  None |
| 4 | Consulting fees                                                                                |  ✔  None |

Time frame: Since the initial planning of the work

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

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

The author have no conflicts of interest to declare.

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

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Date: 2021/9/17

Your Name: Weijing Cai

Manuscript Title: Identifying prognostic signatures in the microenvironment of prostate cancer

Manuscript number (if known): __________________________________________________________

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| 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 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
    Dr. Cai is from Shanghai Tongshu Biotechnology Co., Ltd.

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

The author reported that she is from Shanghai Tongshu Biotechnology Co., Ltd. She have no other conflicts of interest to declare.

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.
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Date: 2021/9/17

Your Name: Xiaojing Wang

Manuscript Title: Identifying prognostic signatures in the microenvironment of prostate cancer

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| 3 | Royalties or licenses | ✔ None |
| 4 | Consulting fees | ✔ None |
|   | Description                                                                 | ✔️ | 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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Date: 2021/9/17

Your Name: Baoxing Huang

Manuscript Title: Identifying prognostic signatures in the microenvironment of prostate cancer

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ✔ None |
|   | **No time limit for this item.** | |
| **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 |
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Date: 2021/9/17

Your Name: Yang Zhao

Manuscript Title: Identifying prognostic signatures in the microenvironment of prostate cancer

Manuscript number (if known): ________________________________

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **None**                                                                          |
|   | **No time limit for this item.**                                                               | **None**                                                                          |
|   | **Time frame: past 36 months**                                                                 | **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**                                                                          |
|   | Description                                                                 | ☑️ None |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ✔      |
| 6 | Payment for expert testimony                                                | ✔      |
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Date: 2021/9/17
Your Name: Yuan Shao
Manuscript Title: Identifying prognostic signatures in the microenvironment of prostate cancer
Manuscript number (if known): ________________________________

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Date: 2021/9/17
Your Name: Dawei Wang
Manuscript Title: Identifying prognostic signatures in the microenvironment of prostate cancer
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|   | 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                                                                           |
|   | Question                                                                 | Answer |
|---|--------------------------------------------------------------------------|--------|
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