| Date: | _25.03.2023 |
|----------------------|---|
| Your Name: | Liehao Jiang |
| Manuscript Title: | Silencing of AJAP1 expression by promoter methylation activates the Wnt/ eta -catenin signaling |
| pathway to promote t | tumor proliferation and metastasis in salivary adenoid cystic carcinoma |
| Manuscript number (i | 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 | XNone | |
| | 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

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

None

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

| Date: | _25.03.2023 |
|----------------------|---|
| Your Name: | Yunye Liu |
| Manuscript Title: | Silencing of AJAP1 expression by promoter methylation activates the Wnt/ eta -catenin signaling |
| pathway to promote t | umor proliferation and metastasis in salivary adenoid cystic carcinoma |
| Manuscript number (i | f 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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) |
|---|-------------------------------|--|---|
| | T | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | XNone | |
| | 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

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

None

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

| Date: | _25.03.2023 |
|----------------------|---|
| Your Name: | Yan Pan |
| Manuscript Title: | Silencing of AJAP1 expression by promoter methylation activates the Wnt/ eta -catenin signaling |
| pathway to promote t | tumor proliferation and metastasis in salivary adenoid cystic carcinoma |
| Manuscript number (i | f 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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) |
|---|-------------------------------|--|---|
| | T | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | XNone | |
| | 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

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

None

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

| Date: | 25.03.2023 |
|----------------------|---|
| Your Name: | Zhuo Tan |
| Manuscript Title: | Silencing of AJAP1 expression by promoter methylation activates the Wnt/ β -catenin signaling |
| pathway to promote t | umor proliferation and metastasis in salivary adenoid cystic carcinoma |
| Manuscript number (i | f 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 | XNone | |
| | 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

| 5 | Payment or honoraria for | XNone | |
|----|---|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 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 group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |

None

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

| Date: | 25.03.2023 |
|----------------------|---|
| Your Name: | Jiafeng Wang |
| Manuscript Title: | Silencing of AJAP1 expression by promoter methylation activates the Wnt/ eta -catenin signaling |
| pathway to promote t | umor proliferation and metastasis in salivary adenoid cystic carcinoma |
| Manuscript number (i | f 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 | XNone | |
| | 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

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

None

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

| Date: | 25.03.2023 |
|----------------------|---|
| Your Name: | Guowan Zheng |
| Manuscript Title: | Silencing of AJAP1 expression by promoter methylation activates the Wnt/ β -catenin signaling |
| pathway to promote t | umor proliferation and metastasis in salivary adenoid cystic carcinoma |
| Manuscript number (i | f 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 <u>current</u> <u>manuscript only</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 | XNone | |
| | 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

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

None

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

| Date: | 25.03.2023 |
|----------------------|---|
| Your Name: | Chenhong Qian |
| Manuscript Title: | Silencing of AJAP1 expression by promoter methylation activates the Wnt/ β -catenin signaling |
| pathway to promote t | umor proliferation and metastasis in salivary adenoid cystic carcinoma |
| Manuscript number (i | f 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 | XNone | |
| | 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

| 5 | Payment or honoraria for | XNone | |
|----|---|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 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 group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |

None

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

| Date: | 25.03.2023 |
|----------------------|---|
| Your Name: | Shiying Xu |
| Manuscript Title: | Silencing of AJAP1 expression by promoter methylation activates the Wnt/ β -catenin signaling |
| pathway to promote t | umor proliferation and metastasis in salivary adenoid cystic carcinoma |
| Manuscript number (i | f 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 | XNone | |
| | 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

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

None

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

| Date: | 5.03.2023 |
|----------------------|---|
| Your Name: | Xin Zhu |
| Manuscript Title: | Silencing of AJAP1 expression by promoter methylation activates the Wnt/ eta -catenin signaling |
| pathway to promote t | mor proliferation and metastasis in salivary adenoid cystic carcinoma |
| Manuscript number (i | 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 | XNone | |
| | 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

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

None

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

| Date: | 25.03.2023 |
|----------------------|---|
| Your Name: | Wenli Ma |
| Manuscript Title: | Silencing of AJAP1 expression by promoter methylation activates the Wnt/ eta -catenin signaling |
| pathway to promote t | umor proliferation and metastasis in salivary adenoid cystic carcinoma |
| Manuscript number (i | f 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 | XNone | |
| | 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

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

None

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

Date:____25.03.2023__

Your Name: Susanna Guerrini

Manuscript Title:__Silencing of *AJAP1* expression by promoter methylation activates the Wnt/β-catenin signaling pathway to promote tumor proliferation and metastasis in salivary adenoid cystic carcinoma____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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 | 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 | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 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 | None | |

none

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

Date: 24 March 2023 **Your Name:** Pedro Infante-Cossio **Manuscript Title:** "Silencing of AJAP1 expression by promoter methylation activates the Wnt/β-catenin signaling pathway to promote tumor proliferation and metastasis in salivary adenoid cystic carcinoma" **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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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, | 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 | None | |
| | any entity (if not indicated in item #1 above). | | |
| 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 | None |

None.

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

| Date: | _25.03.2023 |
|---------------------|---|
| Your Name: | Jiajun Wu |
| Manuscript Title: | Silencing of AJAP1 expression by promoter methylation activates the Wnt/ eta -catenin signaling |
| pathway to promote | tumor proliferation and metastasis in salivary adenoid cystic carcinoma |
| 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 | XNone | |
| | 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

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

None

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

| Date: | _25.03.2023 | | | |
|--|---|--|--|--|
| Your Name: | Minghua Ge | | | |
| Manuscript Title: | _ Silencing of AJAP1 expression by promoter methylation activates the Wnt/ eta -catenin signaling | | | |
| pathway to promote tumor proliferation and metastasis in salivary adenoid cystic carcinoma | | | | |
| 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 | XNone | |
| | 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

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

None

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

| Date: | _25.03.2023 | | | |
|--|---|--|--|--|
| Your Name: | Xiujun Cai | | | |
| Manuscript Title: | Silencing of AJAP1 expression by promoter methylation activates the Wnt/ eta -catenin signaling | | | |
| pathway to promote tumor proliferation and metastasis in salivary adenoid cystic carcinoma | | | | |
| Manuscript number (i | 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 | XNone | |
| | 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

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

None

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