| Date:           | Dec.28, 2021            |  |
|-----------------|-------------------------|--|
| Your Nan        | ne:Yujia                | Liu  |
| Manuscri        | ipt Title: <u>Lysyl</u> | Oxidase Promotes Anaplastic Thyroid Carcinoma Cell Proliferation and Metastasis mediated |
| <i>via</i> BMP1 | <u>1</u>                |  |
| Manuscri        | ipt number (if kr       | iown):   |

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial   | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|---|---|
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | Zhejiang Provincial Natural<br>Science Foundation of<br>China, Zhejiang Province,<br>People's Republic of China<br>[grant numbers<br>LYQ20H310001]; the<br>Medical and Health<br>Research Program of<br>Zhejiang Province [grant<br>numbers 2018KY297,<br>2022RC008]. |   |
| 2 |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None  |   |
| 3 | Royalties or licenses  | None  |   |

| 4  | Consulting fees  | None |  |
|----|--|------|--|
|    |  |      |  |
| 5  | Payment or honoraria for                                 | None |  |
| 5  | lectures, presentations,                                 |      |  |
|    | speakers bureaus,<br>manuscript writing or               |      |  |
|    |  |      |  |
| 6  | educational events Payment for expert                    | None |  |
| Ũ  | testimony  |      |  |
|    |  |      |  |
| 7  | Support for attending<br>meetings and/or travel          | None |  |
|    |  |      |  |
|    |  |      |  |
| 8  | Patents planned, issued or                               | None |  |
|    | pending  |      |  |
| 9  | Participation on a Data                                  | None |  |
| 5  | Safety Monitoring Board or                               |      |  |
|    | Advisory Board   |      |  |
| 10 | Leadership or fiduciary role<br>in other board, society, | None |  |
|    | committee or advocacy                                    |      |  |
|    | group, paid or unpaid                                    |      |  |
| 11 | Stock or stock options                                   | None |  |
|    |  |      |  |
| 12 | Receipt of equipment,                                    | None |  |
|    | materials, drugs, medical                                |      |  |
|    | writing, gifts or other<br>services                      |      |  |
| 13 | Other financial or non-                                  | None |  |
|    | financial interests                                      |      |  |
|    |  |      |  |

Zhejiang Provincial Natural Science Foundation of China, Zhejiang Province, People's Republic of China [grant numbers LYQ20H310001]; the Medical and Health Research Program of Zhejiang Province [grant numbers 2018KY297, 2022RC008].

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

| Date:Dec.28, 20   | 021  |
|-------------------|--|
| Your Name:        | _Yiwen Zhang   |
| Manuscript Title: | Lysyl Oxidase Promotes Anaplastic Thyroid Carcinoma Cell Proliferation and Metastasis mediated |
| <i>via</i> BMP1   |  |
| Manuscript numbe  | er (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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)  | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|---|---|
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | Time frame: Since the initial<br>the Medical and Health<br>Research Program of<br>Zhejiang Province [grant<br>numbers 2021KY040,<br>2022KY069]; Chinese<br>Medicine Research<br>Program of Zhejiang<br>Province [grant number<br>2021ZZ001]; Zhejiang<br>Provincial Program for the<br>Cultivation of New Heath<br>Talents (to Yiwen Zhang) | planning of the work  |
| 2 |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None  |   |
| 3 | Royalties or licenses  | None  |   |

| 4  | Consulting fees  | None |  |
|----|--|------|--|
| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>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<br>Safety Monitoring Board or<br>Advisory Board  | None |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid               | None |  |
| 11 | Stock or stock options   | None |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                                | None |  |
| 13 | Other financial or non-<br>financial interests   | None |  |

The Medical and Health Research Program of Zhejiang Province [grant numbers 2021KY040, 2022KY069]; Chinese Medicine Research Program of Zhejiang Province [grant number 2021ZZ001]; Zhejiang Provincial Program for the Cultivation of New Heath Talents (to Yiwen Zhang)

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

| Date:Dec.28, 2     | 021  |
|--------------------|--|
| Your Name:         | _Zhuo Tan  |
| Manuscript Title:_ | Lysyl Oxidase Promotes Anaplastic Thyroid Carcinoma Cell Proliferation and Metastasis mediated |
| <i>via</i> BMP1    |  |
| Manuscript numbe   | er (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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | None   |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None   |   |
| 3 | Royalties or licenses  | None   |   |
| 4 | Consulting fees  | None   |   |

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

None.

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

| Date:Dec.28, 2021   |        |
|---|--------|
| Your Name:Jiafeng Wang  |        |
| Manuscript Title:Lysyl Oxidase Promotes Anaplastic Thyroid Carcinoma Cell Proliferation and Metastasis me | diated |
| <u>via BMP1</u>   |        |
| 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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)                         | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | Time frame: Since the initial<br>the Medical and Health<br>Research Program of<br>Zhejiang Province [grant<br>numbers 2021KY055] | planning of the work  |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None   |   |
| 3 | Royalties or licenses  | None   |   |

| 4  | Consulting fees  | None |  |
|----|--|------|--|
| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>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<br>Safety Monitoring Board or<br>Advisory Board  | None |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid               | None |  |
| 11 | Stock or stock options   | None |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                                | None |  |
| 13 | Other financial or non-<br>financial interests   | None |  |

the Medical and Health Research Program of Zhejiang Province [grant numbers 2021KY055]

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

| Date:Dec.28, 20                      | 21   |
|--------------------------------------|--|
| Your Name:                           | _Ying Hu   |
| Manuscript Title:<br><u>via BMP1</u> | Lysyl Oxidase Promotes Anaplastic Thyroid Carcinoma Cell Proliferation and Metastasis mediated |
| Manuscript numbe                     | r (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                   | Specifications/Comments                        |
|---|-------------------------------|--|--|
|   |                               | whom you have this                       | (e.g., if payments were made to you or to your |
|   |                               | relationship or indicate                 | institution)                                   |
|   |                               | none (add rows as                        |  |
|   |                               | needed)<br>Time (vome: Since the initial | nlenning of the work                           |
|   |                               | Time frame: Since the initial            | planning of the work                           |
| 1 | All support for the present   | Zhejiang Provincial Natural              |  |
|   | manuscript (e.g., funding,    | Science Foundation of                    |  |
|   | provision of study materials, | China, Zhejiang Province,                |  |
|   | medical writing, article      | People's Republic of China               |  |
|   | processing charges, etc.)     | [grant numbers                           |  |
|   | No time limit for this item.  | LYY21H310011].                           |  |
|   |                               |  |  |
|   |                               |  |  |
|   |                               |  |  |
|   |                               |  |  |
|   |                               |  |  |
|   |                               |  |  |
|   |                               |  |  |
|   |                               | 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 |  |
|----|---|------|--|
|    |   |      |  |
|    | Concertification for a                          | Nese |  |
| 4  | Consulting fees                                 | None |  |
|    |   |      |  |
| 5  | Payment or honoraria for                        | None |  |
|    | lectures, presentations,                        |      |  |
|    | speakers bureaus,                               |      |  |
|    | manuscript writing or<br>educational events     |      |  |
| 6  | Payment for expert                              | None |  |
| Ŭ  | testimony                                       |      |  |
|    |   |      |  |
| 7  | Support for attending<br>meetings and/or travel | None |  |
|    |   |      |  |
|    |   |      |  |
|    |   |      |  |
| 8  | Patents planned, issued or                      | None |  |
|    | pending   |      |  |
| 9  | Participation on a Data                         | None |  |
| 9  | Safety Monitoring Board or                      |      |  |
|    | Advisory Board                                  |      |  |
| 10 | Leadership or fiduciary role                    | None |  |
|    | in other board, society,                        |      |  |
|    | committee or advocacy<br>group, paid or unpaid  |      |  |
| 11 | Stock or stock options                          | None |  |
|    |   |      |  |
|    |   |      |  |
| 12 | Receipt of equipment,                           | None |  |
|    | materials, drugs, medical                       |      |  |
|    | writing, gifts or other<br>services             |      |  |
| 13 | Other financial or non-                         | None |  |
|    | financial interests                             |      |  |
|    |   |      |  |

Zhejiang Provincial Natural Science Foundation of China, Zhejiang Province, People's Republic of China [grant numbers LYY21H310011].

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

| Date:Dec.28, 20                      | 21   |
|--------------------------------------|--|
| Your Name:                           | _Jiao Sun  |
| Manuscript Title:<br><u>via BMP1</u> | Lysyl Oxidase Promotes Anaplastic Thyroid Carcinoma Cell Proliferation and Metastasis mediated |
| Manuscript numbe                     | r (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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | the Medical and Health<br>Research Program of<br>Zhejiang Province [grant<br>numbers 2019KY047]          |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None   |   |
| З | Royalties or licenses  | None   |   |

| 4  | Consulting fees  | None |  |
|----|--|------|--|
| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>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<br>Safety Monitoring Board or<br>Advisory Board  | None |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid               | None |  |
| 11 | Stock or stock options   | None |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                                | None |  |
| 13 | Other financial or non-<br>financial interests   | None |  |

the Medical and Health Research Program of Zhejiang Province [grant numbers 2019KY047]

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

Date: \_\_\_\_\_Dec. 02, 2021\_\_\_\_\_ Your Name: \_\_\_\_ Meihua Bao \_\_\_ Manuscript Title: \_\_\_\_\_ Lysyl oxidase promotes anaplastic thyroid carcinoma cell proliferation and metastasis mediated via BMP1\_\_\_\_\_ 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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone  |   |
| 3 | Royalties or licenses  | XNone  |   |
| 4 | Consulting fees  | XNone  |   |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events | XNone  |  |
|----|--|--------|--|
| 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<br>Safety Monitoring Board or<br>Advisory Board  | XNone  |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid               | XNone  |  |
| 11 | Stock or stock options   | XNone  |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                                | X_None |  |
| 13 | Other financial or non-<br>financial interests   | XNone  |  |

None.

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

| Date:Dec.28, 2     | 021  |
|--------------------|--|
| Your Name:         | Ping Huang   |
| Manuscript Title:_ | Lysyl Oxidase Promotes Anaplastic Thyroid Carcinoma Cell Proliferation and Metastasis mediated |
| <i>via</i> BMP1    |  |
| Manuscript numbe   | er (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        | Specifications/Comments                        |
|---|-------------------------------|-------------------------------|--|
|   |                               | whom you have this            | •  |
|   |                               |                               | (e.g., if payments were made to you or to your |
|   |                               | relationship or indicate      | institution)                                   |
|   |                               | none (add rows as             |  |
|   |                               | needed)                       |  |
|   |                               | Time frame: Since the initial | planning of the work                           |
| 1 | All support for the present   | National Natural Science      |  |
|   | manuscript (e.g., funding,    | Foundation of China [grant    |  |
|   | provision of study materials, | number 8217131437];           |  |
|   | medical writing, article      | Projects of International     |  |
|   | processing charges, etc.)     | Cooperation and               |  |
|   | No time limit for this item.  | Exchanges NSFC [grant         |  |
|   |                               | number 8211101233];           |  |
|   |                               | Medical and Health            |  |
|   |                               | Research Program of           |  |
|   |                               | Zhejiang [grant number        |  |
|   |                               | WKJ-ZJ-2115]; "Pioneer"       |  |
|   |                               | and "Leading Goose" R&D       |  |
|   |                               | Program of Zhejiang [grant    |  |
|   |                               | number 2022C03116];           |  |
|   |                               | "10000 Talents Plan" of       |  |
|   |                               | Zhejiang Province (to Ping    |  |
|   |                               | Huang, grant number           |  |
|   |                               | 2020R52029)                   |  |
|   |                               | 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 |  |
| 5  | hoyances of neerises                                     | None |  |
|    |  |      |  |
| 4  | Consulting fees  | None |  |
| -  | consulting rees  |      |  |
|    |  |      |  |
| 5  | Payment or honoraria for                                 | None |  |
| 5  | lectures, presentations,                                 |      |  |
|    | speakers bureaus,  |      |  |
|    | manuscript writing or                                    |      |  |
|    | educational events                                       |      |  |
| 6  | Payment for expert                                       | None |  |
| -  | testimony  |      |  |
|    |  |      |  |
| 7  | Support for attending                                    | None |  |
|    | meetings and/or travel                                   |      |  |
|    | <u> </u>   |      |  |
|    |  |      |  |
|    |  |      |  |
| 8  | Deterrite along and lineared an                          | Neze |  |
| ð  | Patents planned, issued or<br>pending                    | None |  |
|    | pending  |      |  |
| 9  | Dortisination on a Data                                  | Neno |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or    | None |  |
|    | Advisory Board   |      |  |
| 10 | -  | Nana |  |
| 10 | Leadership or fiduciary role<br>in other board, society, | None |  |
|    | committee or advocacy                                    |      |  |
|    | group, paid or unpaid                                    |      |  |
| 11 | Stock or stock options                                   | None |  |
| 11 |  |      |  |
|    |  |      |  |
| 12 | Receipt of equipment,                                    | None |  |
|    | materials, drugs, medical                                |      |  |
|    | writing, gifts or other                                  |      |  |
|    | services   |      |  |
| 13 | Other financial or non-                                  | None |  |
| 10 | financial interests                                      |      |  |
|    |  |      |  |
|    |  |      |  |

National Natural Science Foundation of China [grant number 8217131437]; Projects of International Cooperation and Exchanges NSFC [grant number 8211101233]; Medical and Health Research Program of Zhejiang [grant number WKJ-ZJ-2115]; "Pioneer" and "Leading Goose" R&D Program of Zhejiang [grant number 2022C03116]; "10000 Talents Plan" of Zhejiang Province (to Ping Huang, grant number 2020R52029)

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

| Date:Dec.28, 20   | )21  |
|-------------------|--|
| Your Name:        | _Minghua Ge  |
| Manuscript Title: | Lysyl Oxidase Promotes Anaplastic Thyroid Carcinoma Cell Proliferation and Metastasis mediated |
| <i>via</i> BMP1   |  |
| Manuscript numbe  | er (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  | Specifications/Comments                        |
|---|--|---|--|
|   |  | whom you have this  | (e.g., if payments were made to you or to your |
|   |  | relationship or indicate  | institution)                                   |
|   |  | none (add rows as   |  |
|   |  | needed)   |  |
|   |  | Time frame: Since the initial   | planning of the work                           |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | "10000 Talents Plan" of<br>Zhejiang Province (to<br>Minghua Ge , grant<br>number 2017R52028) and<br>Key Research and<br>Development Program of<br>Zhejiang Province [grant<br>number 2021C03081]. |  |
|   |  | Time frame: past  | 36 months                                      |
| 2 | Grants or contracts from   | None  |  |
| _ | any entity (if not indicated   |   |  |

|    | in itom #1 above)            |      |  |
|----|------------------------------|------|--|
| 2  | in item #1 above).           | Al   |  |
| 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           | None |  |
| -  | testimony                    |      |  |
|    |                              |      |  |
| 7  | Support for attending        | None |  |
| '  | meetings and/or travel       |      |  |
|    | meetings and/or traver       |      |  |
|    |                              |      |  |
|    |                              |      |  |
|    |                              |      |  |
| 8  | Patents planned, issued or   | None |  |
|    | pending                      |      |  |
|    |                              |      |  |
| 9  | Participation on a Data      | None |  |
| -  | Safety Monitoring Board or   |      |  |
|    | Advisory Board               |      |  |
| 10 | Leadership or fiduciary role | None |  |
| 10 | in other board, society,     | NONE |  |
|    | committee or advocacy        |      |  |
|    | group, paid or unpaid        |      |  |
| 11 | Stock or stock options       | None |  |
| 11 | Stock of Stock options       |      |  |
|    |                              |      |  |
|    |                              |      |  |
| 12 | Receipt of equipment,        | None |  |
|    | materials, drugs, medical    |      |  |
|    | writing, gifts or other      |      |  |
|    | services                     |      |  |
| 13 | Other financial or non-      | None |  |
|    | financial interests          |      |  |
|    |                              |      |  |
|    |                              |      |  |

"10000 Talents Plan" of Zhejiang Province (to Minghua Ge, grant number 2017R52028) and Key Research and Development Program of Zhejiang Province [grant number 2021C03081].

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

| Date:Dec.23, 2021  |      |
|--|------|
| Your Name:Young Jun Chai   |      |
| Manuscript Title:Lysyl Oxidase Promotes Anaplastic Thyroid Carcinoma Cell Proliferation and Metastasis media | ated |
| <u>via BMP1</u>  |      |
| 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<br>whom you have this<br>relationship or indicate | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | none (add rows as<br>needed)   |   |
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials, | None   |   |
|   | medical writing, article<br>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  | Doumant as honoraria for     | None |  |
|----|------------------------------|------|--|
| Э  | Payment or honoraria for     |      |  |
|    | lectures, presentations,     |      |  |
|    | speakers bureaus,            |      |  |
|    | manuscript writing or        |      |  |
|    | educational events           |      |  |
| 6  | Payment for expert           | None |  |
|    | testimony                    |      |  |
|    |                              |      |  |
| 7  | Support for attending        | None |  |
|    | meetings and/or travel       |      |  |
|    |                              |      |  |
|    |                              |      |  |
|    |                              |      |  |
| 8  | Patents planned, issued or   | None |  |
|    | pending                      |      |  |
|    |                              |      |  |
| 9  | Participation on a Data      | None |  |
|    | Safety Monitoring Board or   |      |  |
|    | Advisory Board               |      |  |
| 10 | Leadership or fiduciary role | None |  |
|    | in other board, society,     |      |  |
|    | committee or advocacy        |      |  |
|    | group, paid or unpaid        |      |  |
| 11 | Stock or stock options       | None |  |
|    |                              |      |  |
|    |                              |      |  |
| 12 | Receipt of equipment,        | None |  |
|    | materials, drugs, medical    |      |  |
|    | writing, gifts or other      |      |  |
|    | services                     |      |  |
| 13 | Other financial or non-      | None |  |
|    | financial interests          |      |  |
|    |                              |      |  |
|    |                              |      |  |

I have no conflict of interest

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

| Date:Dec.28, 2021   |
|---|
| Your Name:Chuanming Zheng   |
| Manuscript Title:Lysyl Oxidase Promotes Anaplastic Thyroid Carcinoma Cell Proliferation and Metastasis mediated |
| <u>via BMP1</u>   |
| 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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | None   |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>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                              |      |  |
| 6  | educational events<br>Payment for expert           | None |  |
| 0  | testimony  |      |  |
|    | testimony  |      |  |
| 7  | Support for attending<br>meetings and/or travel    | None |  |
|    | meetings and/or traver                             |      |  |
|    |  |      |  |
| 8  | Patents planned, issued or                         | None |  |
|    | pending  |      |  |
|    |  |      |  |
| 9  | Participation on a Data                            | None |  |
|    | Safety Monitoring Board or<br>Advisory Board       |      |  |
| 10 | Leadership or fiduciary role                       | None |  |
| 10 | in other board, society,                           | NONE |  |
|    | committee or advocacy                              |      |  |
|    | group, paid or unpaid                              |      |  |
| 11 | Stock or stock options                             | None |  |
|    |  |      |  |
| 12 | Description for a firm of the                      | Need |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical | None |  |
|    | writing, gifts or other                            |      |  |
|    | services   |      |  |
| 13 | Other financial or non-                            | None |  |
|    | financial interests                                |      |  |
|    |  |      |  |

None.

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