| Date: | 3/31/2022 |
|-------------------------------|---|
| Your Name: | Neelu Batra |
| Manuscript Title: | Exploring the therapeutic potential of Neem (Azadirachta Indica) for the treatment of Prostate Cancer |
| Manuscript Number (if known): | Click or tap here to enter text. |

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | 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 plannir | g of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 mon | ths |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None None | |

| | | 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) |
|----|--|---|---|
| 4 | Consulting fees | None Non | |
| 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 | |

| | | 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) |
|------|---|--|---|
| 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 | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | |

| Date: | 3/29/2022 |
|-------------------------------|--|
| Your Name: | Vigneshwari Easwar Kumar |
| Manuscript Title: | Exploring the therapeutic potential of Neem (Aza-dirachta Indica) for the treatment of Prostate Cancer |
| Manuscript Number (if known): | Click or tap here to enter text. |

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.

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| | | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| | | Time frame: Since the initial planning | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | 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) |
|----|--|---|---|
| 4 | Consulting fees | None Non | |
| 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 | |

| | | 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) |
|------|--|--|---|
| 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 | |
| Plea | • | t to the following statement to indicate your agreeme answered every question and have not altered the wo | |

| Date:03/27/2022 | |
|----------------------------------|---|
| Your Name:_Roshni Nambiar | |
| Manuscript Title:_ Exploring the | therapeutic potential of Neem (Aza-dirachta Indica) for the treatment 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 <u>current 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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work |
|---|---|--|---|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | |
| 2 | Grants or contracts from any | Time frame: pastNone | 36 months |
| | 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 | None |
|----|---|---|
| | testimony | None |
| | , | |
| 7 | Support for attending | None |
| | meetings and/or travel | |
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| | | |
| | | |
| 8 | Patents planned, issued or | None |
| | pending | |
| | | |
| 9 | Participation on a Data | None |
| | Safety Monitoring Board or | |
| 10 | Advisory Board | N. |
| 10 | Leadership or fiduciary role 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 services | |
| 13 | Other financial or non- | None |
| 15 | financial interests | None |
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| Pl | ease summarize the above co | onflict of interest in the following box: |
| Г | | |
| | I have no conflict of interest | |
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Please place an "X" next to the following statement to indicate your agreement:

X____ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| Date:4-24 | -2022 |
|------------------|---|
| Your Name: | Cristabelle De Souza |
| Manuscript Title | : Exploring the therapeutic potential of Neem (Azadirachta Indica) for the treatment of Prostate Cancer |
| Manuscript num | ber (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) |
|---|---|--|---|
| 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. | Time frame: Since the initial X None | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pastX_None | 36 months |
| 3 | Royalties or licenses | _XNone | |
| 4 | Consulting fees | _XNone | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _XNone | |

| | Payment for expert | | |
|-----|--|---------------------------------------|-------------|
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | _XNone | |
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| | | | |
| 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 | | |
| 4.4 | group, paid or unpaid | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| 11 | Stock or stock options | XNone | |
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| 12 | Descript of a major and | V No. | |
| 12 | Receipt of equipment, materials, drugs, medical | _XNone | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| 15 | financial interests | X | |
| | | | |
| PI | ease summarize the above co | onflict of interest in the fo | lowing box: |
| No | o COI to report | | |
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Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| Date: | 3/31/2022 |
|-------------------------------|---|
| Your Name: | Ashley Yuen |
| Manuscript Title: | Exploring the therapeutic potential of Neem (Azadirachta Indica) for the treatment of Prostate Cancer |
| Manuscript Number (if known): | Click or tap here to enter text. |

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.

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| | | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
| | | Time frame: Since the initial planning | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | 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) |
|----|--|---|
| 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 None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |

| | | | e all entities with whom you have this | Specifications/Comments (e.g., if payments were |
|------|--|--------|--|---|
| | | relati | onship or indicate none (add rows as needed) | made to you or to your institution) |
| 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 | |
| Plea | • | | e following statement to indicate your agreeme | |

Date: 04/01/2022 Your Name: Uyen Le

Manuscript Title: Exploring the therapeutic potential of Neem (Azadirachta Indica) for

the treatment of Prostate Cancer

Manuscript number (if known): ATM-22-94-CL

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 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, 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 | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |

| 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 | Descipt of annings out | Nene | |
| 12 | Receipt of equipment, materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| DΙ | anca cummariza tha abaya a | onflict of interest in the follo | wing how |

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

| There is no conflict of interest. | | |
|-----------------------------------|--|--|
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Please place an "X" next to the following statement to indicate your agreement:

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| Date: | 4/5/2022 |
|-------------------------------|--|
| Your Name: | RASHMI VERMA |
| Manuscript Title: | Exploring the therapeutic potential of Neem (Azadirachta Indica) forthe treatment of Prostate Cancer |
| Manuscript Number (if known): | ATM-22-94-CL |

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.

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|---|---|--|---|
| | | Time frame: Since the initial planning | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None Time frame: past 36 month | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | 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) |
|----|---|--|
| 4 | Consulting fees | None None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 Output Outp |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |

| | | 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) | |
|------|---|--|---|--|
| 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 | | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |

Date: 4/1/2022

Your Name: Paramita M Ghosh

Manuscript Title: Exploring the therapeutic potential of Neem (Azadirachta Indica) for the treatment of Prostate Cancer

Manuscript number (if known): ATM-22-94

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.

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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 | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |

| | Payment for expert testimony | None | |
|----------|---|----------------------------|------------------|
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| 3 | 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 | |
| 2 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| <u> </u> | Other financial or non- financial interests | None | |
| | ease summarize the above co | onflict of interest in the | e following box: |

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| Date:4-1-202 | 2 |
|-------------------|---|
| Your Name:R | UTH VINALL |
| Manuscript Title: | _ Exploring the therapeutic potential of Neem (Azadirachta Indica) for the treatment of Prostate Cancer |
| Manuscript number | (if known): |
| | |

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | 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.) No time limit for this item. | _XNone | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pastX_None | 36 months |
| 3 | Royalties or licenses | _XNone | |
| 4 | Consulting fees | _XNone | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _XNone | |

| | Payment for expert | | |
|-----|--|---------------------------------|------------|
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | _XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | _XNone | |
| | pending | | |
| 9 | Participation on a Data | X None | |
| 3 | 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 | Descint of annique ent | V None | |
| 12 | Receipt of equipment, materials, drugs, medical | _XNone | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
| Ple | ease summarize the above co | onflict of interest in the foll | owing box: |
| Г | | | |
| | No COI to report | | |
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Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.