

ICMJE DISCLOSURE FORM

Date: 2021.11.2

Your Name: Guang-Chun Wang

Manuscript Title: Inflammation induced by lipopolysaccharide advanced androgen receptor expression and epithelial-mesenchymal transition progress in prostatitis and 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.

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ICMJE DISCLOSURE FORM

Date: 2021.11.2

Your Name: Tian-Run Huang

Manuscript Title: Inflammation induced by lipopolysaccharide advanced androgen receptor expression and epithelial-mesenchymal transition progress in prostatitis and prostate cancer

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ICMJE DISCLOSURE FORM

Date: 2021.11.2

Your Name: Ke-Yi Wang

Manuscript Title: Inflammation induced by lipopolysaccharide advanced androgen receptor expression and epithelial-mesenchymal transition progress in prostatitis and prostate cancer

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Your Name: Zong-Lin Wu

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Date: 2021.11.2

Your Name: Jin-Bo Xie

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Your Name: Hou-Liang Zhang

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Date: 2021.11.2

Your Name: Lei Yin

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Your Name: Bo Peng

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| 13 | Other financial or non-financial interests | <u> </u> None | |

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

This study was supported by a project grant from the Shanghai Science and Technology Commission (No. 19140905402) and a project grant from the of Shanghai Tenth People’s Hospital (No. 04.03.20125). The authors have no conflicts of interest to declare.

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

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