

ICMJE DISCLOSURE FORM

Date: Dec 20th, 2021
 Your Name: Chao Wang
 Manuscript Title: Urinary exosome-based androgen receptor-variant 7 detection in metastatic castration-resistant prostate cancer patients
 Manuscript number (if known): TAU-21-1136

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Chao Wang	Beijing Pinggu Hospital Research Foundation
3	Royalties or licenses	<input type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> X <input type="checkbox"/> None	
5		<input type="checkbox"/> X <input type="checkbox"/> None	

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

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

Chao Wang reports that the manuscript is supported from Beijing Pinggu Hospital Research Foundation (No. pgyyqn2019-03).

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.

ICMJE DISCLOSURE FORM

Date: Dec 20th, 2021
 Your Name: Xiang Liu
 Manuscript Title: Urinary exosome-based androgen receptor-variant 7 detection in metastatic castration-resistant prostate cancer patients
 Manuscript number (if known): TAU-21-1136

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13	Other financial or non-financial interests	employee of Echo Biotech Co., Ltd.	

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

Xiang Liu is from Echo Biotech Co., Ltd.

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.

ICMJE DISCLOSURE FORM

Date: Dec 20th, 2021
 Your Name: Hongyan Li
 Manuscript Title: Urinary exosome-based androgen receptor-variant 7 detection in metastatic castration-resistant prostate cancer patients
 Manuscript number (if known): TAU-21-1136

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

Hongyan Li is from Echo Biotech Co., Ltd.

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ICMJE DISCLOSURE FORM

Date: Dec 20th, 2021
 Your Name: Libo Zhao
 Manuscript Title: Urinary exosome-based androgen receptor-variant 7 detection in metastatic castration-resistant prostate cancer patients
 Manuscript number (if known): TAU-21-1136

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Libo Zhao is from Echo Biotech Co., Ltd.

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ICMJE DISCLOSURE FORM

Date: Dec 20th, 2021
 Your Name: Guanvi Kong
 Manuscript Title: Urinary exosome-based androgen receptor-variant 7 detection in metastatic castration-resistant prostate cancer patients
 Manuscript number (if known): TAU-21-1136

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13	Other financial or non-financial interests	employee of Echo Biotech Co., Ltd.	

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Guanyi Kong is from Echo Biotech Co., Ltd.

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ICMJE DISCLOSURE FORM

Date: Dec 20th, 2021
 Your Name: Jing Chen
 Manuscript Title: Urinary exosome-based androgen receptor-variant 7 detection in metastatic castration-resistant prostate cancer patients
 Manuscript number (if known): TAU-21-1136

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13	Other financial or non-financial interests	employee of Echo Biotech Co., Ltd.	

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ICMJE DISCLOSURE FORM

Date: Dec 20th, 2021
 Your Name: Zhi Li
 Manuscript Title: Urinary exosome-based androgen receptor-variant 7 detection in metastatic castration-resistant prostate cancer patients
 Manuscript number (if known): TAU-21-1136

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ICMJE DISCLOSURE FORM

Date: Dec 20th, 2021
 Your Name: Jianfei Qi
 Manuscript Title: Urinary exosome-based androgen receptor-variant 7 detection in metastatic castration-resistant prostate cancer patients
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The author has no conflicts of interest to declare.

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ICMJE DISCLOSURE FORM

Date: Dec 20th, 2021
 Your Name: Ye Tian
 Manuscript Title: Urinary exosome-based androgen receptor-variant 7 detection in metastatic castration-resistant prostate cancer patients
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ICMJE DISCLOSURE FORM

Date: Dec 20th, 2021
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3	Royalties or licenses	<input type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> X <input type="checkbox"/> None	
5		<input type="checkbox"/> X <input type="checkbox"/> None	

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

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

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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.