

ICMJE DISCLOSURE FORM

Date: 2021-07-22

Your Name: Guang Cheng

Manuscript Title: Promotion of Ros-mediated Bax/Cyt-c Apoptosis by Polyphyllin II Leads to Suppress Growth and Aggression of Glioma Cells

Manuscript number (if known): TCR-21-966

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**.

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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 type="checkbox"/> None	None
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	None
3	Royalties or licenses	<input type="checkbox"/> None	None
4	Consulting fees	<input type="checkbox"/> None	None

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

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

None.

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: 2021-07-22

Your Name: Yu-Ye Xue

Manuscript Title: Promotion of Ros-mediated Bax/Cyt-c Apoptosis by Polyphyllin II Leads to Suppress Growth and Aggression of Glioma Cells

Manuscript number (if known): TCR-21-966

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Time frame: past 36 months				
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3	Royalties or licenses	___ None	None	
4	Consulting fees	___ None	None	

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ICMJE DISCLOSURE FORM

Date: 2021-07-22

Your Name: Fei Fang

Manuscript Title: Promotion of Ros-mediated Bax/Cyt-c Apoptosis by Polyphyllin II Leads to Suppress Growth and Aggression of Glioma Cells

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ICMJE DISCLOSURE FORM

Date: 2021-07-22

Your Name: Guang-Qiang Sun

Manuscript Title: Promotion of Ros-mediated Bax/Cyt-c Apoptosis by Polyphyllin II Leads to Suppress Growth and Aggression of Glioma Cells

Manuscript number (if known): TCR-21-966

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3	Royalties or licenses	___ None	None
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	None
7	Support for attending meetings and/or travel	___ None	None
8	Patents planned, issued or pending	___ None	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	None
11	Stock or stock options	___ None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	None
13	Other financial or non-financial interests	___ None	None

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

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ICMJE DISCLOSURE FORM

Date: 2021-07-22

Your Name: Yun-Yang Lu

Manuscript Title: Promotion of Ros-mediated Bax/Cyt-c Apoptosis by Polyphyllin II Leads to Suppress Growth and Aggression of Glioma Cells

Manuscript number (if known): TCR-21-966

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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.	<input type="checkbox"/> Funding	None
		National Natural Science Foundation of China(No.81903862)	Me.
		Social R&D Program of Shaanxi Province (No.2021ZDLSF04-07)	Me.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	None
3	Royalties or licenses	<input type="checkbox"/> None	None
4	Consulting fees	<input type="checkbox"/> None	None

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

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

Dr. Lu reports receiving funding support from the National Natural Science Foundation of China(No.81903862) and Social R&D Program of Shaanxi Province (No.2021ZDLSF04-07)

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ICMJE DISCLOSURE FORM

Date: 2021-07-22

Your Name: Yu-Qiang Ji

Manuscript Title: Promotion of Ros-mediated Bax/Cyt-c Apoptosis by Polyphyllin II Leads to Suppress Growth and Aggression of Glioma Cells

Manuscript number (if known): TCR-21-966

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		Natural Science Basic Research Plan in Shaanxi Province of China(No. 2018JM7136 and 2016JM8134)	Me.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	None
3	Royalties or licenses	___ None	None

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	None
7	Support for attending meetings and/or travel	___ None	None
8	Patents planned, issued or pending	___ None	None
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	None
11	Stock or stock options	___ None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	None
13	Other financial or non-financial interests	___ None	None

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

Dr. Ji reports receiving funding support from the Natural Science Basic Research Plan in Shaanxi Province of China (No. 2018JM7136 and 2016JM8134).

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ICMJE DISCLOSURE FORM

Date: 2021-07-22

Your Name: Peng-Cheng Qiu

Manuscript Title: Promotion of Ros-mediated Bax/Cyt-c Apoptosis by Polyphyllin II Leads to Suppress Growth and Aggression of Glioma Cells

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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.	___ Funding	None
		Social R&D Program of Shaanxi Province(No. 2021SF-388)	Me.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	None
3	Royalties or licenses	___ None	None
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	None
7	Support for attending meetings and/or travel	___ None	None
8	Patents planned, issued or pending	___ None	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	None
11	Stock or stock options	___ None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	None
13	Other financial or non-financial interests	___ None	None

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

Dr. Qiu reports receiving funding support from the Social R&D Program of Shaanxi Province (No. 2021SF-388).

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

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ICMJE DISCLOSURE FORM

Date: 2021-07-22

Your Name: Hai-Feng Tang

Manuscript Title: Promotion of Ros-mediated Bax/Cyt-c Apoptosis by Polyphyllin II Leads to Suppress Growth and Aggression of Glioma Cells

Manuscript number (if known): TCR-21-966

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		Social R&D Program of Shaanxi Province(No. 2020SF-311)	Me.
		National Natural Science Foundation of China(No. 81973192)	Me.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	None
3	Royalties or licenses	<input type="checkbox"/> None	None
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	None
13	Other financial or non-financial interests	___ None	None

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