| Date:2022-1-24   |
|--|
| Your Name:Wei Yan  |
| Manuscript Title: Effects of brucine on mitochondrial apoptosis and expression of HSP70 in prostate cancer cells |
| 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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|---|---|---|---|
| 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                     | None |  |
|----|--|------|--|
| 5  |  | None |  |
|    | lectures, presentations,                     |      |  |
|    | speakers bureaus,                            |      |  |
|    | manuscript writing or                        |      |  |
|    | educational events                           |      |  |
| 6  | Payment for expert                           | None |  |
|    | testimony                                    |      |  |
|    |  |      |  |
| 7  | Support for attending meetings and/or travel | None |  |
|    | -  |      |  |
|    |  |      |  |
| 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                          |      |  |
|    |  |      |  |
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| No conflict of interest exits in the submission of this manuscript. |  |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:2022-1-24   |
|--|
| Your Name: Zhenhua Zeng  |
| Manuscript Title: Effects of brucine on mitochondrial apoptosis and expression of HSP70 in prostate cancer cells |
| Manuscript number (if known):  |

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|   |   | 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                     | None |  |
|----|--|------|--|
| 5  |  | None |  |
|    | lectures, presentations,                     |      |  |
|    | speakers bureaus,                            |      |  |
|    | manuscript writing or                        |      |  |
|    | educational events                           |      |  |
| 6  | Payment for expert                           | None |  |
|    | testimony                                    |      |  |
|    |  |      |  |
| 7  | Support for attending meetings and/or travel | None |  |
|    | -  |      |  |
|    |  |      |  |
| 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                          |      |  |
|    |  |      |  |
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| No conflict of interest exits in the submission of this manuscript. |  |  |
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| Date:2022-1-24   |
|--|
| Your Name:FangQin  |
| Manuscript Title: Effects of brucine on mitochondrial apoptosis and expression of HSP70 in prostate cancer cells |
| Manuscript number (if known):  |

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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                     | None |  |
|----|--|------|--|
| 5  |  | None |  |
|    | lectures, presentations,                     |      |  |
|    | speakers bureaus,                            |      |  |
|    | manuscript writing or                        |      |  |
|    | educational events                           |      |  |
| 6  | Payment for expert                           | None |  |
|    | testimony                                    |      |  |
|    |  |      |  |
| 7  | Support for attending meetings and/or travel | None |  |
|    | -  |      |  |
|    |  |      |  |
| 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                          |      |  |
|    |  |      |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Pate:2022-1-24   |
|--|
| our Name:Jie Xu  |
| Manuscript Title: Effects of brucine on mitochondrial apoptosis and expression of HSP70 in prostate cancer cells |
| 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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| 3 | Royalties or licenses   | None  |   |
| 4 | Consulting fees   | None  |   |

| 5  | Payment or honoraria for                     | None |  |
|----|--|------|--|
| 5  |  | None |  |
|    | lectures, presentations,                     |      |  |
|    | speakers bureaus,                            |      |  |
|    | manuscript writing or                        |      |  |
|    | educational events                           |      |  |
| 6  | Payment for expert                           | None |  |
|    | testimony                                    |      |  |
|    |  |      |  |
| 7  | Support for attending meetings and/or travel | None |  |
|    | -  |      |  |
|    |  |      |  |
| 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                          |      |  |
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| Date:2022-1-24   |
|--|
| Your Name: Zhengming Liao  |
| Manuscript Title: Effects of brucine on mitochondrial apoptosis and expression of HSP70 in prostate cancer cells |
| Manuscript number (if known):  |

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| 4 | Consulting fees   | None  |   |

| 5  | Payment or honoraria for                     | None |  |
|----|--|------|--|
| 5  |  | None |  |
|    | lectures, presentations,                     |      |  |
|    | speakers bureaus,                            |      |  |
|    | manuscript writing or                        |      |  |
|    | educational events                           |      |  |
| 6  | Payment for expert                           | None |  |
|    | testimony                                    |      |  |
|    |  |      |  |
| 7  | Support for attending meetings and/or travel | None |  |
|    | -  |      |  |
|    |  |      |  |
| 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                          |      |  |
|    |  |      |  |
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| No conflict of interest exits in the submission of this manuscript. |  |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:2022-1-24   |
|--|
| Your Name:Meng Ouyang  |
| Manuscript Title: Effects of brucine on mitochondrial apoptosis and expression of HSP70 in prostate cancer cells |
| Manuscript number (if known):  |

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|   |   | 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                     | None |  |
|----|--|------|--|
| 5  |  | None |  |
|    | lectures, presentations,                     |      |  |
|    | speakers bureaus,                            |      |  |
|    | manuscript writing or                        |      |  |
|    | educational events                           |      |  |
| 6  | Payment for expert                           | None |  |
|    | testimony                                    |      |  |
|    |  |      |  |
| 7  | Support for attending meetings and/or travel | None |  |
|    | -  |      |  |
|    |  |      |  |
| 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                          |      |  |
|    |  |      |  |
|    |  |      |  |

| No conflict of interest exits in the submission of this manuscript. |  |  |
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