ICMJE DISCLOSURE FORM

Date:	5/17/2022
Your Name:	Qiang Su
Manuscript Title:	Construction of miRNA-mRNA network and a nomogram model of prognostic analysis for prostate cancer
Manuscript Number (if known):	TCR-22-653

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.

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.

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		Time frame: Since the initial planning of the work		
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2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	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 □	
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	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
11	Stock or stock options		None	made to you or to your institution)
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:			
\boxtimes	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:	5/17/2022
Your Name:	Bin Dai
Manuscript Title:	Construction of miRNA-mRNA network and a nomogram model of prognostic analysis for prostate cancer
Manuscript Number (if known):	TCR-22-653

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13	Other financial or non-financial interests		None	
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ICMJE DISCLOSURE FORM

Date:	5/17/2022
Your Name:	Shengqiang Zhang
Manuscript Title:	Construction of miRNA-mRNA network and a nomogram model of prognostic analysis for prostate cancer
Manuscript Number (if known):	TCR-22-653

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