

## ICMJE DISCLOSURE FORM

Date: Oct. 29<sup>th</sup>, 2023

Your Name: Chen Sun

Manuscript Title: The value of a panel of circulating microRNAs in screening prostate cancer

Manuscript number (if known): TCR-23-1313

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:**

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: Oct. 29<sup>th</sup>, 2023

Your Name: Chong Lu

Manuscript Title: The value of a panel of circulating microRNAs in screening prostate cancer

Manuscript number (if known): TCR-23-1313

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## ICMJJE DISCLOSURE FORM

Date: Oct. 29<sup>th</sup>, 2023

Your Name: Xinji Li

Manuscript Title: The value of a panel of circulating microRNAs in screening prostate cancer

Manuscript number (if known): TCR-23-1313

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## ICMJE DISCLOSURE FORM

Date: Oct. 29<sup>th</sup>, 2023  
 Your Name: Rongkang Li  
 Manuscript Title: The value of a panel of circulating microRNAs in screening prostate cancer  
 Manuscript number (if known): TCR-23-1313

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## ICMJE DISCLOSURE FORM

Date: Oct. 29<sup>th</sup>, 2023

Your Name: Zhenyu Wen

Manuscript Title: The value of a panel of circulating microRNAs in screening prostate cancer

Manuscript number (if known): TCR-23-1313

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## ICMJE DISCLOSURE FORM

Date: Oct. 29<sup>th</sup>, 2023

Your Name: Zhenjian Ge

Manuscript Title: The value of a panel of circulating microRNAs in screening prostate cancer

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Your Name: Wenkang Chen

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## ICMJE DISCLOSURE FORM

Date: Oct. 29<sup>th</sup>, 2023

Your Name: Yingqi Li

Manuscript Title: The value of a panel of circulating microRNAs in screening prostate cancer

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## ICMJE DISCLOSURE FORM

Date: Oct. 29<sup>th</sup>, 2023

Your Name: Suolei Sun

Manuscript Title: The value of a panel of circulating microRNAs in screening prostate cancer

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## ICMJE DISCLOSURE FORM

Date: Oct. 29<sup>th</sup>, 2023

Your Name: Qingshan Yang

Manuscript Title: The value of a panel of circulating microRNAs in screening prostate cancer

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## ICMJE DISCLOSURE FORM

Date: Oct. 29<sup>th</sup>, 2023

Your Name: Lingzhi Tao

Manuscript Title: The value of a panel of circulating microRNAs in screening prostate cancer

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  X  </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

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

**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: Oct. 29<sup>th</sup>, 2023

Your Name: Hang Li

Manuscript Title: The value of a panel of circulating microRNAs in screening prostate cancer

Manuscript number (if known): TCR-23-1313

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: Oct. 29<sup>th</sup>, 2023

Your Name: Yongqing Lai

Manuscript Title: The value of a panel of circulating microRNAs in screening prostate cancer

Manuscript number (if known): TCR-23-1313

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