

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Eric

2. Surname (Last Name)
Cho

3. Date
24-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
A Review of Technical Progression in the Robot-Assisted Radical Prostatectomy

6. Manuscript Identifying Number (if you know it)
TAU-2019-MIUO-10(TAU-19-385)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Cho has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kevin	2. Surname (Last Name) Yang	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eric Cho
5. Manuscript Title A Review of Technical Progression in the Robot-Assisted Radical Prostatectomy		
6. Manuscript Identifying Number (if you know it) TAU-2019-MIUO-10(TAU-19-385)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 1. Identifying Information

1. Given Name (First Name) Ziho	2. Surname (Last Name) Lee	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eric Cho
5. Manuscript Title A Review of Technical Progression in the Robot-Assisted Radical Prostatectomy		
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Section 1. Identifying Information

1. Given Name (First Name) Daniel

2. Surname (Last Name) Eun

3. Date 18-March-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Eric Cho

5. Manuscript Title A Review of Technical Progression in the Robot-Assisted Radical Prostatectomy

6. Manuscript Identifying Number (if you know it) TAU-2019-MIUO-10(TAU-19-385)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Intuitive Surgical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting and teaching activities

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Johnson and Johnson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Melzi Corp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ownership interest
Hitachi Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	institutional support



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Dr. Eun reports personal fees from Intuitive Surgical, during the conduct of the study; personal fees from Johnson and Johnson, other from Melzi Corp, other from Hitachi Medical, outside the submitted work; .

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