

ICMJE DISCLOSURE FORM

Date: Oct 13, 2023

Your Name: Jenny Peng

Manuscript Title: Triplet therapy for metastatic hormone sensitive prostate cancer - looking beyond volume of disease

Manuscript number (if known): CCO-23-87

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.

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.

		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.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ 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 13, 2023

Your Name: Srikala S. Sridhar

Manuscript Title: Triplet therapy for metastatic hormone sensitive prostate cancer - looking beyond volume of disease

Manuscript number (if known): CCO-23-87

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

		Bayer	
		Bristol-Myers Squibb	
		Immunomedics	
		Janssen	
		Merck	
		Pfizer	
		Roche/Genentech	
		Sanofi	
		Seagen	
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:

Dr. Srikala Sridhar reports that she has received grants from Bayer, Janssen, and Pfizer; and consulting fees from Astella Pharma, AstraZeneca, Bayer, Bristol-Myers Squibb, Immunomedics, Janssen, Merck, Pfizer, Roche/Genentech, Sanofi, and Seagen.

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 13, 2023

Your Name: Di Maria Jiang

Manuscript Title: Triplet therapy for metastatic hormone sensitive prostate cancer - looking beyond volume of disease

Manuscript number (if known): CCO-23-87

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.

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.

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

		McKesson	
		Astra Zeneca / Merck	
		Janssen	
		Novartis AAA	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Amgen	
		Bayer	
		EMD Serono	
		Ipsen	
		Janssen Oncology	
		Astra Zeneca	
		Astellas	
		Novartis AAA	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Bayer	
		EMD Serono	
		Amgen	
		Astra Zeneca	
		Pfizer	
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	
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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:

Dr. Di Maria Jiang reports that she has received consulting fees from Bayer, EMD Serono/Pfizer, McKesson, Astra Zeneca/Merk, Janssen, and Novartis AAA; Honoraria from Amgen, Bayer, EMD Serono, Ipsen, Janssen Oncology, Astra Zeneca, Astellas, and Novartis AAA; support for attending meetings from Bayer, EMD Serono, Amgen, Astra Zeneca, and Pfizer.

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.