

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Sobhan

2. Surname (Last Name)

Moazemi

3. Date

15-September-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Decision-Support for Treatment with 177Lu-PSMA - Machine Learning Predicts Response with high Accuracy based on PSMA-PET/CT and Clinical Parameters

6. Manuscript Identifying Number (if you know it)

ATM-2020-MI-08(ATM-20-6446)

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Dr. Moazemi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Annette

2. Surname (Last Name)

Erle

3. Date

15-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Sobhan Moazemi

5. Manuscript Title

Decision-Support for Treatment with 177Lu-PSMA - Machine Learning Predicts Response with high Accuracy based on PSMA-PET/CT and Clinical Parameters

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Dr. Erle has nothing to disclose.

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1. Given Name (First Name)

Zain

2. Surname (Last Name)

Khurshid

3. Date

15-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

S. Moazemi

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Susanne	2. Surname (Last Name) Lütje	3. Date 15-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sobhan Moazemi
5. Manuscript Title Decision-Support for Treatment with 177Lu-PSMA - Machine Learning Predicts Response with high Accuracy based on PSMA-PET/CT and Clinical Parameters		
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1. Given Name (First Name) Michael	2. Surname (Last Name) Muders	3. Date 17-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name S. Moazemi
5. Manuscript Title Decision-Support for Treatment with 177Lu-PSMA - Machine Learning Predicts Response with high Accuracy based on PSMA-PET/CT and Clinical Parameters		
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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Markus	2. Surname (Last Name) Essler	3. Date 10-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name S. Moazemi
5. Manuscript Title Decision-Support for Treatment with 177Lu-PSMA - Machine Learning Predicts Response with high Accuracy based on PSMA-PET/CT and Clinical Parameters		
6. Manuscript Identifying Number (if you know it) ATM-2020-MI-08(ATM-20-6446)		

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer Healthcare (Leverkusen, Germany)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Eisai GmbH (Frankfurt, Germany)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Ipsen GmbH (Germany)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Novartis AG (Swiss)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Essler reports personal fees from Bayer Healthcare (Leverkusen, Germany), personal fees from Eisai GmbH (Frankfurt, Germany), personal fees from Ipsen GmbH (Germany), personal fees from Novartis AG (Swiss), outside the submitted work; .

Evaluation and Feedback

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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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Schultz	3. Date 14-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sobhan Moazemi
5. Manuscript Title Decision-Support for Treatment with 177Lu-PSMA - Machine Learning Predicts Response with high Accuracy based on PSMA-PET/CT and Clinical Parameters		
6. Manuscript Identifying Number (if you know it)		

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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

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Schultz has nothing to disclose.

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3. Relevant financial activities outside the submitted work.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ralph A. 2. Surname (Last Name) Bundschuh 3. Date 10-May-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name S. Moazemi

5. Manuscript Title
Decision-Support for Treatment with 177Lu-PSMA - Machine Learning Predicts Response with high Accuracy based on PSMA-PET/CT and Clinical Parameters

6. Manuscript Identifying Number (if you know it)
ATM-2020-MI-08(ATM-20-6446)

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer Healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Eisai GmbH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Mediso Medical Imaging Ltd.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-commercial Agreement

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Bundschuh reports personal fees from Bayer Healthcare, personal fees from Eisai GmbH, non-financial support from Mediso Medical Imaging Ltd., outside the submitted work; .

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