

ICMJE DISCLOSURE FORM

Date: 17/JAN/2022

Your Name: GIANCARLO MARRA

Manuscript Title: Ki-67, topoisomerase II α and miR-221 have a limited Prostate cancer risk stratification ability on a medium-term follow up: results of a high risk radical prostatectomy cohort

Manuscript number (if known): TAU-21-628-R2

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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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	The European Urology Scholarship Programme (EUSP)	Me
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> 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:

Dr. Giancarlo Marra's work at Institut Mutualiste Montsouris has been funded by a grant from the European Urology Scholarship Programme (EUSP).

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: 08/DEC/2021

Your Name: MARCO ODERDA

Manuscript Title: Ki-67, topoisomerase II α and miR-221 have a limited Prostate cancer risk stratification ability on a medium-term follow up: results of a high risk radical prostatectomy cohort

Manuscript number (if known): TAU-21-628-R2

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4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Janssen, Ferring, GSK	Me
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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.



S.C. Urologia U
 Dirigente Medico Matr. 1012466
 Dott. Marco ODERDA

ICMJE DISCLOSURE FORM

Date: 08/DEC/2021

Your Name: GIORGIO CALLERIS

Manuscript Title: Ki-67, topoisomerase II α and miR-221 have a limited Prostate cancer risk stratification ability on a medium-term follow up: results of a high risk radical prostatectomy cohort

Manuscript number (if known): TAU-21-628-R2

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ICMJE DISCLOSURE FORM

Date: 08/DEC/2021

Your Name: ALESSANDRO MARQUIS

Manuscript Title: Ki-67, topoisomerase II α and miR-221 have a limited Prostate cancer risk stratification ability on a medium-term follow up: results of a high risk radical prostatectomy cohort

Manuscript number (if known): TAU-21-628-R2

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ICMJE DISCLOSURE FORM

Date: 08/DEC/2021

Your Name: FEDERICA PERETTI

Manuscript Title: Ki-67, topoisomerase II α and miR-221 have a limited Prostate cancer risk stratification ability on a medium-term follow up: results of a high risk radical prostatectomy cohort

Manuscript number (if known): TAU-21-628-R2

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ICMJE DISCLOSURE FORM

Date: 08/DEC/2021

Your Name: ANDREA ZITELLA

Manuscript Title: Ki-67, topoisomerase II α and miR-221 have a limited Prostate cancer risk stratification ability on a medium-term follow up: results of a high risk radical prostatectomy cohort

Manuscript number (if known): TAU-21-628-R2

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ICMJE DISCLOSURE FORM

Date: 08/DEC/2021

Your Name: MARCO MOSCHINI

Manuscript Title: Ki-67, topoisomerase II α and miR-221 have a limited Prostate cancer risk stratification ability on a medium-term follow up: results of a high risk radical prostatectomy cohort

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ICMJE DISCLOSURE FORM

Date: 08/DEC/2021

Your Name: RAFAEL SANCHEZ-SALAS

Manuscript Title: Ki-67, topoisomerase II α and miR-221 have a limited Prostate cancer risk stratification ability on a medium-term follow up: results of a high risk radical prostatectomy cohort

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ICMJE DISCLOSURE FORM

Date: 08/DEC/2021

Your Name: ROBERT JEFFREY KARNES

Manuscript Title: Ki-67, topoisomerase II α and miR-221 have a limited Prostate cancer risk stratification ability on a medium-term follow up: results of a high risk radical prostatectomy cohort

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ICMJE DISCLOSURE FORM

Date: 08/DEC/2021

Your Name: BURKHARD KNEITZ

Manuscript Title: Ki-67, topoisomerase II α and miR-221 have a limited Prostate cancer risk stratification ability on a medium-term follow up: results of a high risk radical prostatectomy cohort

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ICMJE DISCLOSURE FORM

Date: 08/DEC/2021

Your Name: MARTIN SPAHN

Manuscript Title: Ki-67, topoisomerase II α and miR-221 have a limited Prostate cancer risk stratification ability on a medium-term follow up: results of a high risk radical prostatectomy cohort

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		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.	<input checked="" type="checkbox"/> None	
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	<input checked="" type="checkbox"/> 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: 26/11/21

Your Name: DOMATELA PACCHIONI

Manuscript Title: Ki67 topoisomerase II α and MMR21 have a limited protective cancer risk

Manuscript number (if known): TAU-21-628R2

Stabilization ability on a medium-term follow up = result on high-risk nuclear proto-oncogenes - 6 lines

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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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	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: 29/DEC/2021

Your Name: PAOLO GONTERO

Manuscript Title: Ki-67, topoisomerase II α and miR-221 have a limited Prostate cancer risk stratification ability on a medium-term follow up: results of a high risk radical prostatectomy cohort

Manuscript number (if known): TAU-21-628-R2

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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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	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Ferring, Arquer, Ipsen, Astellas	My institution
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	

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I report that I received honoraria from Ferring, Arquer, Ipsen and Astellas.

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.