Date:	2022/12/28_	
Your Name:_	Xin Qi _	
•		atment-related neuroendocrine prostate cancer managed with partial stereotactic ablative
radiotherapy	ı (P-SABR) foı	long-term survival: a case series
Manuscript r	number (if kn	own):

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
	l		planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time innit for this item.		
		- : .	
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		1	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel	None	
	,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Descipt of agricument	V. Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
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None		

Please place an "X" next to the following statement to indicate your agreement:

	_ 2022/12/28 Zhuo-Fei Zhang
Manuscript	Title: Treatment-related neuroendocrine prostate cancer managed with partial stereotactic ablative (P-SABR) for long-term survival: a case series
	number (if known):
	st of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel	None	
	,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
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	Advisory Board		
10	Leadership or fiduciary role	XNone	
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	committee or advocacy		
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11	Stock or stock options	X_None	
12	Descipt of agricument	V. Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
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None		

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel	None	
	,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
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	in other board, society,		
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11	Stock or stock options	X_None	
12	Descipt of agricument	V. Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
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None		

Please place an "X" next to the following statement to indicate your agreement:

Date:	. 2022/12/28
Your Name:_	Shang-Bin Qin
Manuscript 1	Fitle: Treatment-related neuroendocrine prostate cancer managed with partial stereotactic ablative
radiotherapy	y (P-SABR) for long-term survival: a case series
Manuscript i	number (if known):

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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None		

Please place an "X" next to the following statement to indicate your agreement:

	. Vun Bai						 _
Manuscript radiotherap	Title: Treatm by (P-SABR) for lon number (if known	ent-related g-term surv	neuroendo ival: a case	crine prosta series	te cancer ma	naged with _l	

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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Please place an "X" next to the following statement to indicate your agreement:

Date:	2022/12/28	
Your Name:_	Wei Yu	
•		atment-related neuroendocrine prostate cancer managed with partial stereotactic ablative long-term survival: a case series
	= =	own):

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4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel	None	
	,		
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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12	Descipt of agricument	V. Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
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Please place an "X" next to the following statement to indicate your agreement:

Date:	2022/12/28
Your Name:_	Qun He
Manuscript 1	Fitle: Treatment-related neuroendocrine prostate cancer managed with partial stereotactic ablative
radiotherapy	(P-SABR) for long-term survival: a case series
Manuscript r	number (if known):

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	No time innit for this item.		
		- : .	
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2	Grants or contracts from	XNone	
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	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		1	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel	None	
	,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
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	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Descipt of agricument	V. Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
D I		. (1) ()	and a second control of the control

None		

Please place an "X" next to the following statement to indicate your agreement:

Date:	2022/12/28	
	Yu Fan	
•		atment-related neuroendocrine prostate cancer managed with partial stereotactic ablative long-term survival: a case series
Manuscript r	number (if kn	own):

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
	_		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
Dlas	sa summariza tha abaya sa	nflict of interest in the	following how

None		

Please place an "X" next to the following statement to indicate your agreement:

2022/42/20			
Date: 2022/12/28			
		prostate cancer managed with partial stereotactic ablative	
		s	
wanuscript number (if known):_			
In the interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are	
•	<u>-</u>	ns any relation with for-profit or not-for-profit third	
		the manuscript. Disclosure represents a commitment	
to transparency and does not no	ecessarily indicate a bias.	If you are in doubt about whether to list a	
elationship/activity/interest, it is preferable that you do so.			
The following questions apply to manuscript only.	the author's relationship	os/activities/interests as they relate to the <u>current</u>	
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		I in this manuscript without time limit. For all other items,	
the time frame for disclosure is	the past 36 months.		
	Name all entities with	Specifications/Comments	
	whom you have this	(e.g., if payments were made to you or to your	
	relationship or indicate	institution)	
	none (add rows as		
	needed)		
	Time frame: Since the initia	I planning of the work	

Time frame: past 36 months

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.

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

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any entity (if not indicated

_X__None

X None

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

None		

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.

	_ 2022/12/28 Yuan Jiang
	Title: Treatment-related neuroendocrine prostate cancer managed with partial stereotactic ablativ
radiotherapy	y (P-SABR) for long-term survival: a case series
Manuscript i	number (if known):

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4	Consulting fees	XNone	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
′	meetings and/or travel	None	
	,		
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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12	Descipt of agricument	V. Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
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13	Other financial or non-	XNone	
	financial interests	_	
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None		

Please place an "X" next to the following statement to indicate your agreement:

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this

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	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
	meetings and/or traver				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
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	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	X None			
	financial interests				
Dloo	Please summarize the above conflict of interest in the following boy:				

None		

Please place an "X" next to the following statement to indicate your agreement:

Date:	2022/12/28
Your Name:_	Hong-Zhen Li
Manuscript 1	Fitle: Treatment-related neuroendocrine prostate cancer managed with partial stereotactic ablative
radiotherapy	(P-SABR) for long-term survival: a case series
Manuscript r	number (if known):

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