Date:	9-11-2022		
Your Name	: Ivo I. de Vos		
Manuscrip	Title: Prostate cancer risk assessme	nt by the primary care physician and urologist: transabdomir	ıal-
versus trai	srectal ultrasound prostate volume-based us	se of the Rotterdam Prostate Cancer Risk Calculator	
Manuscrip	t number (if known): TAU-22-640		
related to parties wh to transpa	he content of your manuscript. "Related" me	•	
The follow manuscrip	· · · · ·	nips/activities/interests as they relate to the current	
to the epic		e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript.	
	below, report all support for the work report ame for disclosure is the past 36 months.	ed in this manuscript without time limit. For all other items,	
	Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)	

		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)
		Time Traine. Since the mittal	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
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		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	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,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
l N	lone.			

Date: <u>09-11-202</u>	2
Your Name: Frank-J	an H. Drost
Manuscript Title:	Prostate cancer risk assessment by the primary care physician and urologist: transabdominal
versus transrectal u	trasound prostate volume-based use of the Rotterdam Prostate Cancer Risk Calculator
Manuscript number	(if known): <u>TAU-22-640</u>
related to the conte	nsparency, we ask you to disclose all relationships/activities/interests listed below that are nt of your manuscript. "Related" means any relation with for-profit or not-for-profit third ests may be affected by the content of the manuscript. Disclosure represents a commitment
•	does not necessarily indicate a bias. If you are in doubt about whether to list a

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
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		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	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,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
l N	lone.			

Date:	09-11-2022		
Your Na	me: <u>Leonard P</u>	Bokhorst	
Manusci	ript Title:	Prostate cancer risk assessment by the primary care physician and urologist: transabdomina	<u>l-</u>
versus tr	ransrectal ultra	sound prostate volume-based use of the Rotterdam Prostate Cancer Risk Calculator	
Manusci	ript number (if	known): TAU-22-640	
related t	to the content	parency, we ask you to disclose all relationships/activities/interests listed below that are of your manuscript. "Related" means any relation with for-profit or not-for-profit third	

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).	XNone	
3	Royalties or licenses	X_None	
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		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	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,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
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Date: <u>09-11-2022</u>		
Your Name: Arnout R. Alberts		
Manuscript Title: Prosta	ate cancer risk assessment	by the primary care physician and urologist: transabdominal-
versus transrectal ultrasound pr	rostate volume-based use o	of the Rotterdam Prostate Cancer Risk Calculator
Manuscript number (if known):	TAU-22-640	
related to the content of your n parties whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a
The following questions apply to manuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
	nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.
In item #1 below, report all sup the time frame for disclosure is		in this manuscript without time limit. For all other items,
	Name all entities with	Specifications/Comments

		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
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
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		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	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,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
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Date: 09-11-2022						
Your Name: Martine van Gelder Manuscript Title: Prostate cancer risk assessment by the primary care physician and urologist: transabdominal-						
-		of the Rotterdam Prostate Cancer Risk Calculator	IIIIIai-			
Manuscript number (if known):		of the Notterdam Prostate Cancer Nisk Calculator				
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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 manuscript only.	the author's relationship:	s/activities/interests as they relate to the <u>current</u>				
	nsion, you should declare a	efined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive 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				

		relationship or indicate none (add rows as needed)	institution)
		Time frame: Since the initial	planning of the work
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
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	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
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Date: _	09-11-2022		
Your N	ame: <u>Erik M. F</u>	rman	
Manus	cript Title:	Prostate cancer risk assessment by the primary	care physician and urologist: transabdominal
versus	transrectal ultr	sound prostate volume-based use of the Rotterda	m Prostate Cancer Risk Calculator
Manus	cript number (i	known): <u>TAU-22-640</u>	

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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	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
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12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
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13	Other financial or non-	X None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
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Date:	09-11-2022	
Your N	ame: Wouter D. Boswinkel	
Manus	cript Title: Prostate cancer risk assessment by the primary care physician and urologous	gist: transabdominal
versus	<u>transrectal ultrasound prostate volume-based use of the Rotterdam Prostate Cancer Risk C</u>	<u>alculator</u>
Manus	cript number (if known): TAU-22-640	
related parties to tran	nterest of transparency, we ask you to disclose all relationships/activities/interests listed b to the content of your manuscript. "Related" means any relation with for-profit or not-for- whose interests may be affected by the content of the manuscript. Disclosure represents a sparency and does not necessarily indicate a bias. If you are in doubt about whether to list	-profit third commitment
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	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	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,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
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Date:	09-11-2022
Your N	lame: Chris H. Bangma
Manu	script Title: Prostate cancer risk assessment by the primary care physician and urologist: transabdomin
versus	transrectal ultrasound prostate volume-based use of the Rotterdam Prostate Cancer Risk Calculator
Manu	script number (if known): TAU-22-640
relate partie to trai	interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are d to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third is whose interests may be affected by the content of the manuscript. Disclosure represents a commitment asparency and does not necessarily indicate a bias. If you are in doubt about whether to list a inship/activity/interest, it is preferable that you do so.

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7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
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12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
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Date: _	09-11-2022						
Your N	lame: <u>Monique J. R</u>	oobol					
Manus	script Title:	Prostate canco	er risk assessment	by the primary	care physician an	d urologist: trans	abdominal
versus	transrectal ultraso	und prostate v	volume-based use	of the Rotterda	m Prostate Cance	r Risk Calculator	
Manus	script number (if kn	own):	TAU-22-640				
related parties to tran	interest of transpard to the content of value of the content of value of the content of the cont	your manuscri ay be affected not necessaril	ipt. "Related" meand by the content of ly indicate a bias.	ns any relation v the manuscript If you are in dou	with for-profit or . Disclosure repr	not-for-profit thi esents a commitn	rd

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3	Royalties or licenses	X_None							
4	Consulting fees	XNone							

5	Payment or honoraria for	XNone							
	lectures, presentations,								
	speakers bureaus,								
	manuscript writing or								
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7	Support for attending meetings and/or travel	XNone							
8	Patents planned, issued or	XNone							
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9	Participation on a Data	X None							
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10	Leadership or fiduciary role	XNone							
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11	Stock or stock options	XNone							
12	Receipt of equipment,	X_None							
	materials, drugs, medical								
	writing, gifts or other								
	services								
13	Other financial or non-	X None							
	financial interests								
Plea	ase summarize the above co	nflict of interest in the foll	owing box:						
l N	None.								