Date: <u>25.05.2023</u>		
Your Name: Stanisław Sz	empliński	
		rid-based transperineal MRI/US software fusion biopsy of th
•	sia: A multicenter experience	
Manuscript number (if know	•	
In the interest of transparen related to the content of you parties whose interests may to transparency and does no relationship/activity/interest	cy, we ask you to disclose all or manuscript. "Related" mea be affected by the content o ot necessarily indicate a bias. t, it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current
to the epidemiology of hype medication, even if that me	ertension, you should declare dication is not mentioned in t support for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,
	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	l planning of the work
1 All support for the present	XNone	
manuscript (e.g., funding,		

Time frame: past 36 months

X_None

X_None

_X__None

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

any entity (if not indicated

2

3

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Stanistan Szemphintshi

Date: <u>29.05.2023</u>
Your Name: Hubert Kamecki
Manuscript Title: Patient-reported pain associated with grid-based transperineal MRI/US software fusion biopsy of the

prostate under local anesthesia: A multicenter experience

Manuscript number (if known): TAU-23-139

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 <u>current</u> <u>manuscript only</u>.

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
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	

	ment or honoraria for	XNone	
	lectures, presentations,		
	eakers bureaus,		
	nuscript writing or		
	ucational events		
	yment for expert timony	_XNone	
lesi	tilliony		
7 Sup	oport for attending	X None	
	etings and/or travel		
1110	ethigs and or traver		
8 Pate	tents planned, issued or	X None	
	nding	XNone	
Pen	iding		
9 Par	rticipation on a Data	X None	
	ety Monitoring Board or		
	visory Board		
10 Lea	dership or fiduciary role	XNone	
in o	in other board, society,		
	mmittee or advocacy		
	oup, paid or unpaid		
11 Sto	ock or stock options	_XNone	
42 0		V N	
	ceipt of equipment,	XNone	
	terials, drugs, medical iting, gifts or other		
	vices		
	ner financial or non-	X None	
	ancial interests		
Please	summarize the above co	onflict of interest in the fo	lowing box:
None	e		

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 29 May 2023

Your Name: MATEUSZ MOKRZYŚ

Manuscript Title: Patient-reported pain associated with grid-based transperineal MRI/US software fusion biopsy of the

prostate under local anesthesia: A multicenter experience

Manuscript number (if known): TAU-23-139

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 <u>current</u> <u>manuscript only</u>.

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
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	XNone	
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	XNone	
	in item #1 above).		
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	X None		_
0	testimony	XNOTIE		-
	testimony			_
7	Support for attending	XNone		
	meetings and/or travel			
	,			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
10	Advisory Board	V N		
10	Leadership or fiduciary role in other board, society,	XNone		_
	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			
13	services Other financial or non-	X None		
13	financial interests	^_None		
	illianciai interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
N	lone.			

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Manuscript Title: Patient-reported pain associated with grid-based transperineal MRI/US software fusion biopsy of the prostate under local anesthesia: A multicenter experience

Date: 29.05.2023

Your Name: Marek Zawadzki

Manuscript number (if known): TAU-23-139

listed relat not-f parti repre to tra	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.				
to th	The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u> .				
man to th of an In ite limit	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. 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	x None			
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		Time frame: past	36 months
2	Grants or contracts from any	x None	
	entity (if not indicated in item #1 above).		
	,		
3	Royalties or licenses	x None	
3	noyanies of neenses	XXX	
	o 111 c		
4	Consulting fees	xNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	xNone	
	manuscript writing or educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending	xNone	
	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or Advisory Board		

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.

Date: 8th May 2023

Your Name: Bartłomiej Zagożdżon

Manuscript Title: Patient-reported pain associated with grid-based transperineal MRI/US software fusion biopsy of the prostate

under local anesthesia: A multicenter experience

Manuscript number (if known): TAU-23-139

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 <u>current manuscript only</u>.

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		Specifications/Comments
		relationship or indicate non	e (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Sin	ce the initial planning of	
1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone		
	medical writing, article processing charges, etc.)			
	No time limit for this item.			
		Time	frame: past 36 months	
2	Grants or contracts from any	XNone		
	entity (if not indicated in			
	item #1 above).			
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	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	XNone			
13	non-financial interests	xNone			
	Hon-imaricial interests				
ρl	Please summarize the above conflict of interest in the following box:				
	Lase sammanize the above to	omnet of miterest in the	c tollowing son.		

I declare no conflict of interests

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.

Date: May 25th, 2023

Your Name: Malgorzata Debowska

Manuscript Title: Patient-reported pain associated with grid-based transperineal MRI/US software fusion biopsy of the

prostate under local anesthesia: A multicenter experience

Manuscript number (if known): TAU-23-139

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)	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.	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	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	xNone	
	meetings and/or travel		
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		
11	group, paid or unpaid Stock or stock options	x None	
11	Stock of Stock options	xNone	
12	Receipt of equipment,	x None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:
	None.		

x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 24.05.2023		
Your Name: ROMAN SOSNOWSKI		
Manuscript Title: Patient-reported	pain associated with grid-based transperineal MRI/US software fusion biopsy of	th

prostate under local anesthesia: A multicenter experience

Manuscript number (if known): TAU-23-139

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)	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.	xNone	
		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	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_x_None	
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	x_None	

Somonski Roman

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.

Date: 24 May 2023

Your Name: <u>SŁAWOMIR POLETAJEW</u>

Manuscript Title: Patient-reported pain associated with grid-based transperineal MRI/US software fusion biopsy of the

prostate under local anesthesia: A multicenter experience

Manuscript number (if known): TAU-23-139

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)	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.	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	X_None	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations,	XNone	

	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	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		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
	None.			

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

5. Poletojes

Date: 08 MAY 2023 Your Name: Piotr Kryst

Manuscript Title: Patient-reported pain associated with grid-based transperineal MRI/US software fusion biopsy of the prostate

under local anesthesia: A multicenter experience Manuscript number (if known): TAU-23-139

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All according to the according	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	"X" None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	"X" None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	"X" None	
4	Consulting fees	"X" None	

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

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.

Date: 06.05.2023 Your Name: Łukasz Nyk

Manuscript Title: Patient-reported pain associated with grid-based transperineal MRI/US software fusion biopsy of the

prostate under local anesthesia: A multicenter experience

Manuscript number (if known): TAU-23-139

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)	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	xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	The time initial to this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	30 months
	any entity (if not indicated	AITOILC	
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations,	x_None	
	speakers bureaus,		
	manuscript writing or		
_	educational events	vNI a ra	
6	Payment for expert testimony	xNone	
	testimony		
7	Support for attending	xNone	
,	meetings and/or travel	ANOTIC	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society,	xNone	
	committee or advocacy		
11	group, paid or unpaid	vNone	
11	Stock or stock options	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical	Artone	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	xNone	

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.

Łukasz Nyk