

ICMJE DISCLOSURE FORM

Date: 27/4/2022

Your Name: Dr William Gendepina

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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 processing charges, etc.) No time limit for this item.	<u>None</u>	
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	= None	
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:

Nil.

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: Feb 28th 2023

Your Name: Paul Doan

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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3	Royalties or licenses	<u>__X__</u> None	

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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None.

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X 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: May 23^d 2023

Your Name: Athos Katelaris

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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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:

X 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: May 28th 2023

Your Name: Matthijs J Scheltema

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input 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:

X 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: 24/04/23

Your Name: Bart Geboers

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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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:

No conflicts.

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.

ICMJE DISCLOSURE FORM

Date: 29/05/23

Your Name: Shikha Agrawal

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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No conflicts

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.

ICMJE DISCLOSURE FORM

Date: 25/06/23

Your Name: Zhixin Liu

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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ICMJE DISCLOSURE FORM

Date: 28/04/2023

Your Name: A/Professor John Yaxley

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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I have no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

Date: June 5th 2023

Your Name: Richard Savdie

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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ICMJE DISCLOSURE FORM

Date: 25/05/23

Your Name: Kris Rasiah

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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No conflicts

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ICMJE DISCLOSURE FORM

Date: 8/5/23

Your Name: MAOR FRIEDENBERG

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	— <u>N/A</u>	
3	Royalties or licenses	— <u>N/A</u>	

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

Please summarize the above conflict of interest in the following box:

No COI

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.

[Signature]
8/5/23

ICMJE DISCLOSURE FORM

Date: 24 April 2023

Your Name: Matthew Roberts

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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 processing charges, etc.) No time limit for this item.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	BXTAccelyon	Fees paid to me for consulting (proctoring, prostate biopsy technique)
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	Peter MacCallum Cancer Centre, Melbourne	Participation on DSMB (PSMA-PET related)
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:

The author reports the consulting fees (proctoring, prostate biopsy technique) from BXTAccelyon, and the participation on DSMB (PSMA-PET related) in Peter MacCallum Cancer Centre, Melbourne.

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. Matthew Roberts

ICMJE DISCLOSURE FORM

Date: 24/11/2023
 Your Name: David Mabouf
 Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study
 Manuscript number (if known): TAU-22-708

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 current manuscript only.

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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.

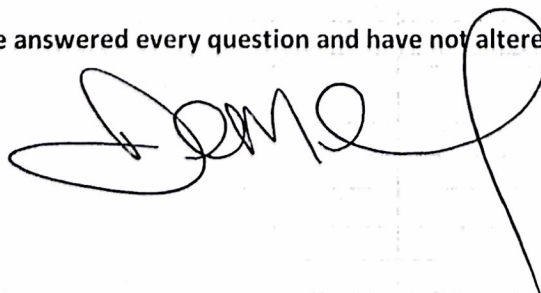
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of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

4	Consulting fees	- None	
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:

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.



ICMJE DISCLOSURE FORM

Date: 17 July 2023

Your Name David WONG

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript 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.

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

The author's relationships/activities/interests should be **defined broadly**. 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.

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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.	<u> x </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> x </u> None	
3	Royalties or licenses	<u> x </u> 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	Yes	Working with I-MED Radiology Australia

Please summarize the above conflict of interest in the following box:

Working with I-MED Radiology Australia. Private and profitable company.

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.

ICMJE DISCLOSURE FORM

Date: 14/7/23

Your Name: Ronald Shnier

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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 processing charges, etc.) No time limit for this item.	<u>__X__</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
3	Royalties or licenses	<u>__X__</u> None	

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	Current	Employment with I-Med Radiology, a for profit radiology company

Please summarize the above conflict of interest in the following box:

Employment with I-Med Radiology, a for profit private radiology practice.

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.

ICMJE DISCLOSURE FORM

Date: 15ht May 2023

Your Name: Warick Delprado

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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 processing charges, etc.) No time limit for this item.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
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	Current	Employment with Douglass Hanly Moir pathology which is a for profit pathology company.

Please summarize the above conflict of interest in the following box:

Employment with DHM pathology. A For-profit pathology company.

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.

ICMJE DISCLOSURE FORM

Date: 24/04/23

Your Name: Louise Emmett

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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 **current manuscript only**.

The author’s relationships/activities/interests should be **defined broadly**. 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.

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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.	_x_None	
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	_x_None	

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

Please summarize the above conflict of interest in the following box:

No conflicts.

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.

ICMJE DISCLOSURE FORM

Date: 24 April 2023

Your Name: Prof Phillip Stricker

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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: 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: 23/05/23

Your Name: James Thompson

Manuscript Title: 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing biopsy during Active Surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study

Manuscript number (if known): TAU-22-708

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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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.	_x_None	
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	_x_None	

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

Please summarize the above conflict of interest in the following box:

No conflicts.

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.