

ICMJE DISCLOSURE FORM

Date: 2/25/2024

Your Name: Kamran Masood

Manuscript Title: Radiohybrid PSMA Ligand: New Frontier in Prostate Cancer Imaging and Therapy.

Manuscript number (if known): TAU-23-674

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

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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: Feb. 29th, 2023
 Your Name: Joseph Steiner
 Manuscript Title: Radiohybrid PSMA Ligand: New Frontier in Prostate Cancer Imaging and Therapy
 Manuscript number (if known): TAU-23-674

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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	

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ICMJE DISCLOSURE FORM

Date: 2/27/2024

Your Name: EMMANUEL S. ANTONARAKIS

Manuscript Title: Radiohybrid PSMA Ligand: New Frontier in Prostate Cancer Imaging and Therapy

Manuscript number (if known): TAU-23-674

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Astellas	Payment made to institution
		AstraZeneca	Payment made to institution; grant closed
		Bayer	Payment made to institution
		Bristol-Myers Squibb	Payment made to institution
		Celgene	Payment made to institution; grant closed
		Clovis	Payment made to institution
		MacroGenics	Payment made to institution
		Merck	Payment made to institution
		Novartis	Payment made to institution
	Orion	Payment made to institution	

		Seagen	Payment made to institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Aadi Bioscience	Payment made to individual
		Amgen	Payment made to institution
		AstraZeneca	Payment made to institution
		Bayer	Payment made to institution
		Blue Earth Diagnostics	Payment made to individual
		Curium	Payment made to individual
		EcoR1	Payment made to individual
		Hookipa Pharma	Payment made to individual
		Janssen	Payment made to institution
		Lilly	Payment made to individual
		Menarini Silicon Biosystems	Payment made to individual
		Merck	Payment made to institution
		Pfizer	Payment made to institution
		Sanofi	Payment made to individual
		Tango Therapeutics	Payment made to individual
		Tempus	Payment made to individual
		z-Alpha	Payment made to individual
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	Patented AR-V7 biomarker technology licensed to Qiagen.	
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:

The author reports grants from Astellas, AstraZeneca, Bayer, Bristol-Myers, Squibb, Celgene, Clovis, MacroGenics, Merck, Novartis, Orion, and Seagen; consulting fees from Aadi Bioscience, Amgen, AstraZeneca, Bayer, Blue Earth Diagnostics, Curium, EcoR1, Hookipa Pharma, Janssen, Lilly, Menarini Silicon Biosystems, Merck, Pfizer, Sanofi, Tango Therapeutics, Tempus, and z-Alpha; and obtained patented AR-V7 biomarker technology licensed to Qiagen.

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ICMJE DISCLOSURE FORM

Date: 2/27/2024

Your Name: Zuzan Cayci

Manuscript Title: Radiohybrid PSMA Ligand: New Frontier in Prostate Cancer Imaging and Therapy

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3	Royalties or licenses	X None	
4	Consulting fees	X None	

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	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
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NONE

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