

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Anita

2. Surname (Last Name)

Thomas

3. Date

25-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Igor Tsaur

5. Manuscript Title

Systemic treatment of penile squamous cell carcinoma – hurdles and hopes of preclinical models and clinical regimens

6. Manuscript Identifying Number (if you know it)

TAU-2020-MAGM-02(TAU-20-945)

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Dr. Thomas has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Luisa

2. Surname (Last Name)

Matos do Canto

3. Date

25-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Igor Tsaur

5. Manuscript Title

Systemic treatment of penile squamous cell carcinoma – hurdles and hopes of preclinical models and clinical regimens

6. Manuscript Identifying Number (if you know it)

TAU-2020-MAGM-02(TAU-20-945)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Claudia Aparecida

2. Surname (Last Name)
Rainho

3. Date
25-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Igor Tsaur

5. Manuscript Title

Systemic treatment of penile squamous cell carcinoma – hurdles and hopes of preclinical models and clinical regimens

6. Manuscript Identifying Number (if you know it)

TAU-2020-MAGM-02(TAU-20-945)

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Section 1. Identifying Information

1. Given Name (First Name) Eva	2. Surname (Last Name) Juengel	3. Date 25-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Igor Tsaur
5. Manuscript Title Systemic treatment of penile squamous cell carcinoma – hurdles and hopes of preclinical models and clinical regimens		
6. Manuscript Identifying Number (if you know it) TAU-2020-MAGM-02(TAU-20-945)		

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Section 1. Identifying Information

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Roman

2. Surname (Last Name)

Blaheta

3. Date

25-May-2020

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Yes No

Corresponding Author's Name

Igor Tsaur

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Philippe

2. Surname (Last Name)
Spiess

3. Date
08-September-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Professor Igor Tsauro

5. Manuscript Title
Systemic treatment of penile squamous cell carcinoma – hurdles and hopes of preclinical models and clinical regimens

6. Manuscript Identifying Number (if you know it)
TAU-2020-MAGM-02(TAU-20-945)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NCCN Bladder and Penile Cancer Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leadership position
Global Society of Rare GU Tumors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leadership position

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Spiess reports other from NCCN Bladder and Penile Cancer Panel, other from Global Society of Rare GU Tumors, during the conduct of the study; .

Evaluation and Feedback

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Silvia Regina	2. Surname (Last Name) Rogatto	3. Date 24-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tsaur, Igor
5. Manuscript Title Systemic treatment of penile squamous cell carcinoma – hurdles and hopes of preclinical models and clinical regimens		
6. Manuscript Identifying Number (if you know it) TAU-2020-MAGM-02(TAU-20-945)		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Rogatto has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Igor

2. Surname (Last Name)

Tsaur

3. Date

24-May-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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