

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jiajun	2. Surname (Last Name) Qian	3. Date 08-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xuefeng Qiu and Hongqian Guo
5. Manuscript Title Impact of protruded median lobe on perioperative, urinary continence and oncological outcomes of Retzius-sparing robot-assisted radical prostatectomy		
6. Manuscript Identifying Number (if you know it) TAU-20-1264		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Qian has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Yao

2. Surname (Last Name)

Fu

3. Date

08-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Xuefeng Qiu and Hongqian Guo

5. Manuscript Title

Impact of protruded median lobe on perioperative, urinary continence and oncological outcomes of Retzius-sparing robot-assisted radical prostatectomy

6. Manuscript Identifying Number (if you know it)

TAU-20-1264

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name) Xiao	2. Surname (Last Name) Wu	3. Date 08-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xuefeng Qiu and Hongqian Guo
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1. Given Name (First Name) Liu	2. Surname (Last Name) Xu	3. Date 08-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xuefeng Qiu and Hongqian Guo
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Dr. Xu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Qing

2. Surname (Last Name)

Zhang

3. Date

08-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Xuefeng Qiu and Hongqian Guo

5. Manuscript Title

Impact of protruded median lobe on perioperative, urinary continence and oncological outcomes of Retzius-sparing robot-assisted radical prostatectomy

6. Manuscript Identifying Number (if you know it)

TAU-20-1264

### Section 2.

#### The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

☐ Yes

☒ No

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#### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

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Dr. Zhang has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Elliot Rosenberg

2. Surname (Last Name)

Joel

3. Date

08-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Xuefeng Qiu and Hongqian Guo

5. Manuscript Title

Impact of protruded median lobe on perioperative, urinary continence and oncological outcomes of Retzius-sparing robot-assisted radical prostatectomy

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TAU-20-1264

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Are there any relevant conflicts of interest?

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### Section 4.

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☐ Yes

☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Joel has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Linfeng	2. Surname (Last Name) Xu	3. Date 08-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xuefeng Qiu and Hongqian Guo
5. Manuscript Title Impact of protruded median lobe on perioperative, urinary continence and oncological outcomes of Retzius-sparing robot-assisted radical prostatectomy		
6. Manuscript Identifying Number (if you know it) TAU-20-1264		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Xu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Xuefeng

2. Surname (Last Name)

Qiu

3. Date

08-November-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Impact of protruded median lobe on perioperative, urinary continence and oncological outcomes of Retzius-sparing robot-assisted radical prostatectomy

6. Manuscript Identifying Number (if you know it)

TAU-20-1264

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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

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Qiu has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hongqian	2. Surname (Last Name) Guo	3. Date 08-November-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Impact of protruded median lobe on perioperative, urinary continence and oncological outcomes of Retzius-sparing robot-assisted radical prostatectomy		
6. Manuscript Identifying Number (if you know it) TAU-20-1264		

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Guo has nothing to disclose.

### Evaluation and Feedback

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