Date: <u>Dce. 27th, 2</u>	021
Your Name:	ongxiang Tang
Manuscript Title:	False-Positive mpMRI and True-Negative 68Ga-PSMA PET/CT Xanthogranulomatous Prostatitis: a
case report	
Manuscript num	er (if known): TAU-21-1608

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	XNone	
	manuscript (e.g., funding,		
	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	XNone	
	any 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	Cooperat for other direct	V. Nama			
/	Support for attending meetings and/or travel	XNone			
	meetings and/or traver				
8	Patents planned, issued or	XNone			
	pending				
0	Darticipation on a Data	V Nego			
9	Participation on a Data Safety Monitoring Board or	XNone			
	Advisory Board				
10	Leadership or fiduciary role	X None			
10	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				
12	services	V N			
13	Other financial or non- financial interests	XNone			
	inanciai interests				
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:		
	X				
_					

Date: <u>Dce. 27th, 2021</u>	
Your Name: <u>Jinhui Yang</u>	
Manuscript Title: <u>False-Positive</u>	empMRI and True-Negative 68Ga-PSMA PET/CT Xanthogranulomatous Prostatitis: a
case report	
Manuscript number (if known):	TAU-21-1608

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	

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	X None	
Ŭ	pending		
	F		
9	Participation on a Data	X None	
,	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	•		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	lowing box:
_			
	X		
_			

Date: <u>Dce. 27th, 2021</u>				
Your Name:	Chuanchi Zhou			
Manuscript Title:	False-Positive	npMRI and True-Negative 68Ga-PSMA PET/CT Xanthogranulomatous Prostatitis	: a	
case report				
Manuscript num	ber (if known):	TAU-21-1608		

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	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Cooperat for other direct	V. Nama			
/	Support for attending meetings and/or travel	XNone			
	meetings and/or traver				
8	Patents planned, issued or	XNone			
	pending				
0	Darticipation on a Data	V None			
9	Participation on a Data Safety Monitoring Board or	XNone			
	Advisory Board				
10	Leadership or fiduciary role	X None			
10	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				
12	services	V N			
13	Other financial or non- financial interests	XNone			
	inanciai interests				
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:		
	X				
_					

Date: <u>Dce. 27th, 2021</u>				
Your Name: <u>Jian Li</u>				
Manuscript Title: <u>False-Positive</u>	mpMRI and True-Negative 68Ga-PSMA PET/CT Xanthogranulomatous Prostatitis: a			
case report				
Manuscript number (if known)	TAU-21-1608			

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)
	T	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.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any 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	Cooperat for other direct	V. Nama			
/	Support for attending meetings and/or travel	XNone			
	meetings and/or traver				
8	Patents planned, issued or	XNone			
	pending				
0	Darticipation on a Data	V None			
9	Participation on a Data Safety Monitoring Board or	XNone			
	Advisory Board				
10	Leadership or fiduciary role	X None			
10	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				
12	services	V N			
13	Other financial or non- financial interests	XNone			
	inanciai interests				
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:		
	X				
_					

Date: <u>Dce. 27th, 2021</u>							
Your Name:	Shuo Hu						
Manuscript Title	e: False-Positive	mpMRI and True-Nega	tive 68Ga-PSMA PET/CT	Xanthogranulon	natous Prostatitis:	a	
case report							
Manuscript nun	nber (if known):	TAU-21-1608					

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					

5	Payment or honoraria for	XNone						
	lectures, presentations,							
	speakers bureaus,							
	manuscript writing or							
-	educational events	V N						
6	Payment for expert	XNone						
	testimony							
7	Support for attending	XNone						
,	meetings and/or travel							
	meetings and, or traver							
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	XNone						
	in other board, society,							
	committee or advocacy							
	group, paid or unpaid							
11	Stock or 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							
- :		en . e						
Ple	Please summarize the above conflict of interest in the following box:							
Γ,	V							
'	X							
L								