| Date: | 21 | Feb | ruarv | 2022 |
|-------|----|-----|-------|------|
| | | | , | |

Your Name: Audrey ASUNCION

Manuscript Title: Prediction of prostate cancer recurrence after radiation therapy using multiparametric magnetic

resonance imaging and spectroscopy: assessment of prognostic factors on pretreatment imaging

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 <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.

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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 1 | All according to the area cont | | planning of the work |
| 1 | All support for the present manuscript (e.g., funding, | None | |
| | 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 | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for | None | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
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| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| 12 | materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| None | | |
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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.

Date: 23 February 2022

Your Name: Paul Michael WALKER

Manuscript Title: Prediction of prostate cancer recurrence after radiation therapy using

multiparametric magnetic resonance imaging and spectroscopy: assessment of prognostic factors on

pretreatment imaging

Manuscript number (if kno__

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

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>

manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

| | | 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) |
|---|---|--|---|
| | Ti | me frame: Since the initia | l 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 | None | |

| | any entity (if not indicated in item #1 above). | | |
|----|---|--------|--|
| 3 | Royalties or licenses | None | |
| | | | |
| 4 | Consulting fees | None | |
| | | | |
| 5 | Payment or honoraria for | None | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| | | | |
| 8 | Patents planned, issued | None | |
| | or pending | | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary | None | |
| 10 | role in other board, | NONE | |
| | society, committee or | | |
| | advocacy group, paid or | | |
| | unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| '- | materials, drugs, medical | 110110 | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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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.

| Data: | 21 | February | , 2022 |
|-------|------------|----------|--------|
| Date. | 4 I | rebluary | / 2022 |

Your Name: Aurélie BERTAUT

Manuscript Title: Prediction of prostate cancer recurrence after radiation therapy using multiparametric magnetic resonance imaging and spectroscopy: assessment of prognostic factors on pretreatment imaging

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

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

Date: 13/03/2022

Your Name: BLANC Julie

Manuscript Title: Prediction of prostate cancer recurrence after radiation therapy using multiparametric magnetic resonance imaging and spectroscopy: assessment of prognostic factors on pretreatment imaging

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

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>

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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. | 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 | |
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| | | | |
| 4 | Consulting fees | None | |
| | | | |
| | | | |
| 5 | Payment or honoraria for | None | |
| | lectures, presentations, | | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued | None | |
| | or pending | | |
| 0 | D. C. | N | |
| 9 | Participation on a Data Safety Monitoring Board | None | |
| | or Advisory Board | | |
| 10 | Leadership or fiduciary | None | |
| | role in other board, | | |
| | society, committee or | | |
| | advocacy group, paid or | | |
| | unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| 12 | materials, drugs, medical | None | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| None. |
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| Please place an "X" next to the following statement to indicate your agreement: | | | |
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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. | | | |
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Date: 23/02/2022

Your Name: Maxime LABARRE

Manuscript Title: Prediction of prostate cancer recurrence after radiation therapy using multiparametric

magnetic resonance imaging and spectroscopy: assessment of prognostic factors on pretreatment

imaging

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

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>

manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items.

| | | 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) |
|---|---|--|---|
| | Ti | me frame: Since the initia | l 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 | None | |

| | any entity (if not indicated in item #1 above). | | |
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| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for | None | |
| | lectures, presentations, speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | • | | |
| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued | None | |
| | or pending | | |
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| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary | None | |
| 10 | role in other board, | None | |
| | society, committee or | | |
| | advocacy group, paid or | | |
| | unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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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.

Date: 23/02/2022

Your Name: Etienne MARTIN

Manuscript Title: Prediction of prostate cancer recurrence after radiation therapy using

multiparametric magnetic resonance imaging and spectroscopy: assessment of prognostic factors

on pretreatment imaging

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 forprofit 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 in | itial 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: pa | st 36 months |
|----|--|----------------|--------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 | xNone | |
| | above). | | |
| 3 | Royalties or licenses | x_None | |
| | | | |
| 4 | Consulting fees | _x_None | |
| 7 | Consulting lees | xNone | |
| | | | |
| 5 | Payment or honoraria for | x_None | |
| | lectures, presentations, speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert testimony | x_None | |
| | | | |
| - | 0 1 6 11 11 | N. | |
| 7 | Support for attending meetings and/or travel | xNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued | x_None | |
| | or pending | | |
| 9 | Participation on a Data | _x_None | |
| 9 | Safety Monitoring Board | xNone | |
| | or Advisory Board | | |
| 10 | Leadership or fiduciary | _x_None | |
| | role in other board, society, committee or | | |
| | advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | _xNone | |
| | | | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _xNone | | |
|---|--|--------|--|--|
| 13 | Other financial or nonfinancial interests | x_None | | |
| | Please summarize the above conflict of interest in the following box: No conflict of interest | | | |
| 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 | | | | |
| qu | estions on this for | m. | | |

Т

Date: 03/03/2022

Your Name: Florian Bardet

Manuscript Title: Prediction of prostate cancer recurrence after radiation therapy using multiparametric magnetic resonance imaging and spectroscopy: assessment of prognostic factors on pretreatment imaging

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

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>

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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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| | | 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) |
|---|---|--|---|
| | Ti | me frame: Since the initia | l 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 | None | |

| | any entity (if not indicated in item #1 above). | | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for | None | |
| | lectures, presentations, speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | None | |
| | | | |
| | 5 | N | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| | | | |
| 10 | Leadership or fiduciary | None | |
| | role in other board, | TYONG | |
| | society, committee or | | |
| | advocacy group, paid or | | |
| | unpaid | | |
| 11 | Stock or stock options | None | |
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| 12 | Pagaint of aguinment | None | |
| 12 | Receipt of equipment, materials, drugs, medical | None | |
| | writing, gifts or other | | |
| 13 | Services Other financial or non- | None | |
| 13 | financial interests | INUTIE | |
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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.

| Date: | 03/0 | 3/2022 |
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Your Name: Jeremy CASSIN

Manuscript Title: Prediction of prostate cancer recurrence after radiation therapy using multiparametric magnetic resonance imaging and spectroscopy: assessment of prognostic factors on pretreatment imaging

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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

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| Date: | N3 | /በ3 | /クハクク | |
| Date. | \mathbf{v} | | | |

Your Name: Luc CORMIER

Manuscript Title: Prediction of prostate cancer recurrence after radiation therapy using multiparametric magnetic resonance imaging and spectroscopy: assessment of prognostic factors on pretreatment imaging

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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

| Dotor | 10 | /02 | /2022 | |
|-------|----|------|-------|--|
| vate: | 10 | /U3/ | /2022 | |

Your Name: Gilles CREHANGE

Manuscript Title: Prediction of prostate cancer recurrence after radiation therapy using multiparametric magnetic resonance imaging and spectroscopy: assessment of prognostic factors on pretreatment imaging

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 <u>current</u>

manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

| | | 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) |
|---|---|--|---|
| | Ti | me frame: Since the initia | l 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 | None | |
| 5 | lectures, presentations, | None | |
| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| | | | |
| 8 | Patents planned, issued | None | |
| | or pending | | |
| 9 | Participation on a Data Safety Monitoring Board | None | |
| | | | |
| | or Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, | None | |
| | | | |
| | society, committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |
| | | | |

| 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.

| Date: | _March 1 2022 |
|----------------------|--|
| Your Name:_ | Romaric LOFFROY |
| Manuscript Ti | itle: Prediction of prostate cancer recurrence after radiation therapy using multiparametric |
| magnetic reso | onance imaging and spectroscopy: assessment of prognostic factors on pretreatment |
| imaging | |
| Manuscript no | umber (if known): |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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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. | None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |

| None None | | any entity (if not indicated in item #1 above). | | |
|---|----|---|------|--|
| 5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or nonNone | 3 | Royalties or licenses | None | |
| 5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or nonNone | | | | |
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| lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | | | | |
| speakers bureaus, manuscript writing or educational events 6 | 5 | | None | |
| manuscript writing or educational events 6 | | | | |
| educational events Payment for expert testimony Support for attending meetings and/or travel Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Receipt of equipment, materials, drugs, medical writing, gifts or other services None | | | | |
| None | | | | |
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| Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None None | | or pending | | |
| Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None None | | 5 | | |
| or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None None | 9 | | None | |
| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None None | | | | |
| role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | 10 | - | None | |
| society, committee or advocacy group, paid or unpaid 11 Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | 10 | | None | |
| advocacy group, paid or unpaid 11 Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | | | | |
| 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or nonNone | | advocacy group, paid or | | |
| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None | 44 | | None | |
| materials, drugs, medical writing, gifts or other services 13 Other financial or nonNoneNone | 11 | Stock or stock options | None | |
| materials, drugs, medical writing, gifts or other services 13 Other financial or nonNoneNone | | | | |
| materials, drugs, medical writing, gifts or other services 13 Other financial or nonNoneNone | 12 | Receipt of equipment, | None | |
| services 13 Other financial or non- None | | | | |
| 13 Other financial or nonNone | | writing, gifts or other | | |
| | 13 | | None | |
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| Deputy Editor, QIMS |
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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.

| Date: | 04 | /03 | /2022 | |
|-------|----|-----|-------|--|

Your Name: Alexandre Cochet

Manuscript Title: Prediction of prostate cancer recurrence after radiation therapy using multiparametric magnetic resonance imaging and spectroscopy: assessment of prognostic factors on pretreatment

imaging

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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| | | 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) |
|---|---|--|---|
| | Ti | me frame: Since the initial | l 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 | _xNone | |

| | any entity (if not indicated in item #1 above). | |
|----|---|--------|
| 3 | Royalties or licenses | _xNone |
| 4 | Consulting fees | _xNone |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | x_None |
| 6 | Payment for expert testimony | xNone |
| 7 | Support for attending meetings and/or travel | _xNone |
| 8 | Patents planned, issued or pending | _xNone |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _xNone |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _xNone |
| 11 | Stock or stock options | _xNone |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _xNone |
| 13 | Other financial or non- financial interests | _xNone |

| None. | | | |
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| 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. |
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