ICMJE DISCLOSURE FORM

Date: 01/09/2022

Your Name: Jeremy CASSIN

Manuscript Title: PREOPERATIVE PREDICTIVE FACTORS OF EARLY BIOCHEMICAL FAILURE IN

LOCALIZED PROSTATE CANCER AFTER RADICAL PROSTATECTOMY

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	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	XNone	

	any entity (if not indicated in item #1 above).				
3	Royalties or licenses	XNone			
4	Consulting fees	X_None			
	Consuming ices				
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 for travel				
		V N			
8	Patents planned, issued or pending	X_None			
	or perialing		_		
9	Participation on a Data	XNone			
	Safety Monitoring Board				
10	or Advisory Board Leadership or fiduciary	X_None			
10	role in other board,	A_None			
	society, committee or				
	advocacy group, paid or				
11	unpaid Stock or stock options	X_None			
' '	o took of stook op tions	XIVOITE			
12	Receipt of equipment,	XNone			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
PΙθ	ease summarize the abo	ve conflict of interest in the following box:			
_					

None			

X 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: 25/08/2022

Your Name: Paul Michael WALKER

Manuscript Title: PREOPERATIVE PREDICTIVE FACTORS OF EARLY BIOCHEMICAL FAILURE IN

LOCALIZED PROSTATE CANCER AFTER RADICAL PROSTATECTOMY

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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
	Ti	me frame: Since the initial	planning of the work
1	All support for the	XNone	

2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past 36 monthsX_NoneX_None
4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and for 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

Ы	lease summarize the above conflict of interest in the following box:
	None

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: 29/08/2022

Your Name: Julie BLANC

Manuscript Title: PREOPERATIVE PREDICTIVE FACTORS OF EARLY BIOCHEMICAL FAILURE IN

LOCALIZED PROSTATE CANCER AFTER RADICAL PROSTATECTOMY

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1			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	X None	
4	Consulting fees	XNone	
	3		
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 meetings and/or travel	XNone	
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
7	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
	2.55.K 5. 5.65K 6P 86115		

12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None		

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.

ICMJE DISCLOSURE FORM

Date: 25/08/2022

Your Name: Audrey ASUNCION

Manuscript Title: PREOPERATIVE PREDICTIVE FACTORS OF EARLY BIOCHEMICAL FAILURE IN

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1			
1	All support for the	X_None	
	present 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	X None	
J	lectures, presentations,	XNOTIC	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending	XNone	
	meetings and for travel		
		V. N	
8	Patents planned, issued	XNone	
	or pending		
0	Doution of the control	V None	
9	Participation on a Data	X None	

	Safety Monitoring Board or Advisory Board		
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			

Please place an "X" next to the following statement to indicate your agreement:

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form.

ICMJE DISCLOSURE FORM

Date: 05/09/2022

Your Name: Florian BARDET

Manuscript Title: PREOPERATIVE PREDICTIVE FACTORS OF EARLY BIOCHEMICAL FAILURE IN

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1	All support for the present manuscript (e.g.,	X_None	
	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.) No time limit for this		
	iteiii.	Time frame: past	26 months
2	Grants or contracts from any entity (if not indicated	XNone	30 HIOHUIS
	in item #1 above).		
3	Royalties or licenses	X None	
	3		
4	Consulting fees	XNone	
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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 meetings and/or travel	XNone	
	<u> </u>		
8	Patents planned, issued	X_None	
	or pending		
9	Darticination on a Data	V None	
9	Participation on a Data Safety Monitoring Board	XNone	
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role 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		
	services		
13	Other financial or non-	X None	
	financial interests		
PΙ	ease summarize the abo	ve conflict of interest in	the following box
	None		

None			

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ICMJE DISCLOSURE FORM

Date: 25/08/2022

Your Name: Luc CORMIER

Manuscript Title: PREOPERATIVE PREDICTIVE FACTORS OF EARLY BIOCHEMICAL FAILURE IN LOCALIZED PROSTATE CANCER AFTER RADICAL PROSTATECTOMY

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		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	X_None	
	_		
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	XNone	
6	Payment for expert testimony	XNone	
	les uniony		
7	Support for attending	X None	
'	meetings and for travel		
	ge aa, e. a a ve.		
8	Patents planned, issued	X None	
0	or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid	V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
PΙθ	ease summarize the abo	ve conflict of interest ir	the following box:
	None		

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ICMJE DISCLOSURE FORM

Date: 05/09/2022

Your Name: Romaric LOFFROY

Manuscript Title: PREOPERATIVE PREDICTIVE FACTORS OF EARLY BIOCHEMICAL FAILURE IN

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	item.	
	rtein.	Time frame: past 36 months
2	Grants or contracts from	X_None
	any entity (if not indicated	
	in item #1 above).	
3	Royalties or licenses	XNone
	, in the second	
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 meetings and /or travel	XNone
	-	
8	Patents planned, issued	XNone
	or pending	
0	Death death and a Dete	V. Al.
9	Participation on a Data Safety Monitoring Board	XNone
	or Advisory Board	
10	Leadership or fiduciary	XNone
	role in other board,	
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	XNone
1.0		V. Al
12	Receipt of equipment,	XNone
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non-	XNone
	financial interests	

None			

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ICMJE DISCLOSURE FORM

Date: 05/09/2022

Your Name: Alexandre COCHET

Manuscript Title: PREOPERATIVE PREDICTIVE FACTORS OF EARLY BIOCHEMICAL FAILURE IN

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	Ti	me frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of	XNone	
	study materials, medical writing, article processing charges, etc.) No time limit for this		
	item.	Time frame: past	24 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	. 50 1110111115
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	X None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending meetings and /or travel	XNone	
8	Patents planned, issued or pending	X_None	
	-		
9	Participation on a Data Safety Monitoring Board	X_None	
10	or Advisory Board Leadership or fiduciary	XNone	
10	role in other board, society, committee or	XNOTIC	
	advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	X_None	

	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None			

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