

ICMJE DISCLOSURE FORM

Date: 2023.09.11

Your Name: Zhaonan Sun

Manuscript Title: The effect of artificial intelligence model in the detection and localization of visible clinically significant prostate cancer on prostate mpMRI: a multicenter external validation study

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 current manuscript only.

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

Please summarize the above conflict of interest in the following box:

Zhaonan Sun has nothing to disclose.

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

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: 2023.09.11

Your Name: Kexin Wang

Manuscript Title: The effect of artificial intelligence model in the detection and localization of visible clinically significant prostate cancer on prostate mpMRI: a multicenter external validation study

Manuscript number (if known): _____

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Kexin Wang has nothing to disclose.

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

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: 2023.09.11

Your Name: Chenchao Wu

Manuscript Title: The effect of artificial intelligence model in the detection and localization of visible clinically significant prostate cancer on prostate mpMRI: a multicenter external validation study

Manuscript number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Chenchao Wu has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: 2023.09.11

Your Name: Yuntian Chen

Manuscript Title: The effect of artificial intelligence model in the detection and localization of visible clinically significant prostate cancer on prostate mpMRI: a multicenter external validation study

Manuscript number (if known): _____

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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Yuntian Chen has nothing to disclose.

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

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: 2023.09.11

Your Name: Zixuan Kong

Manuscript Title: The effect of artificial intelligence model in the detection and localization of visible clinically significant prostate cancer on prostate mpMRI: a multicenter external validation study

Manuscript number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Zixuan Kong has nothing to disclose.

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

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: 2023.09.11

Your Name: Lilan She

Manuscript Title: The effect of artificial intelligence model in the detection and localization of visible clinically significant prostate cancer on prostate mpMRI: a multicenter external validation study

Manuscript number (if known): _____

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11	Stock or stock options	None	
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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Lilan She has nothing to disclose.

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

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: 2023.09.11

Your Name: Bin Song

Manuscript Title: The effect of artificial intelligence model in the detection and localization of visible clinically significant prostate cancer on prostate mpMRI: a multicenter external validation study

Manuscript number (if known): _____

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11	Stock or stock options	None	
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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Bin Song has nothing to disclose.

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

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: 2023.09.11

Your Name: Ning Luo

Manuscript Title: The effect of artificial intelligence model in the detection and localization of visible clinically significant prostate cancer on prostate mpMRI: a multicenter external validation study

Manuscript number (if known): _____

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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Ning Luo has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: 2023.09.11

Your Name: Pengsheng Wu

Manuscript Title: The effect of artificial intelligence model in the detection and localization of visible clinically significant prostate cancer on prostate mpMRI: a multicenter external validation study

Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Beijing Smart Tree Medical Technology Co. Ltd., Beijing, China	Activities not related to the present article: employed by Beijing Smart Tree Medical Technology Co. Ltd.
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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8	Patents planned, issued or pending	None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Pengsheng Wu. Activities related to the present article: disclosed no relevant relationships. Activities not related to the present article: employed by Beijing Smart Tree Medical Technology Co. Ltd.. Other relationships: disclosed no relevant relationships.

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

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: 2023.09.11

Your Name: Xiangpeng Wang

Manuscript Title: The effect of artificial intelligence model in the detection and localization of visible clinically significant prostate cancer on prostate mpMRI: a multicenter external validation study

Manuscript number (if known): _____

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Please summarize the above conflict of interest in the following box:

Xiangpeng Wang. Activities related to the present article: disclosed no relevant relationships. Activities not related to the present article: employed by Beijing Smart Tree Medical Technology Co. Ltd.. Other relationships: disclosed no relevant relationships.

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

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ICMJE DISCLOSURE FORM

Date: 2023.09.11

Your Name: Xiaodong Zhang

Manuscript Title: The effect of artificial intelligence model in the detection and localization of visible clinically significant prostate cancer on prostate mpMRI: a multicenter external validation study

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Please summarize the above conflict of interest in the following box:

Xiaodong Zhang has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: 2023.09.11

Your Name: Xiaoying Wang

Manuscript Title: The effect of artificial intelligence model in the detection and localization of visible clinically significant prostate cancer on prostate mpMRI: a multicenter external validation study

Manuscript number (if known): _____

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Please summarize the above conflict of interest in the following box:

Xiaoying Wang has nothing to disclose.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.