Date: May. 10th, 2021	
Your Name: Jiahui Zeng	_
Manuscript Title: Symptom trajectories and influencing factors of prostate cancer following radical	
prostatectomy in Chinese patients	_
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, 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.	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 meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	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,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	V None	
13	financial interests	XNone	
	inialiciai iliterests		

Please summarize the above	conflict of interest in	the following box
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The author have no conflicts of interest to declare.	

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: May. 10th, 2021	
Your Name: Shiping Zhou	_
Manuscript Title: Symptom trajectories and influencing factors of prostate cancer following radical	
prostatectomy in Chinese patients	
Manuscript number (if known):	

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

		1	<u>,                                      </u>
5	Payment or honoraria for	X_None	
	lectures, presentations,	_	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	x_none	
	testimony		
7	Connect for attending	V Nene	
/	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
	P		
9	Participation on a Data	X_None	
,	Safety Monitoring Board or		
	Advisory Board		
10		V Naza	
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-	X_None	
	financial interests		

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Date: May. 10th, 2021	
Your Name: Wei Luan	
Manuscript Title: Symptom trajectories and influencing factors of prostate cancer following radical	
prostatectomy in Chinese patients	
Manuscript number (if known):	

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1	manuscript (e.g., funding,	^_NUITE	
	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	X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	X_None	

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Date: May. 10th, 2021
Your Name: Yanting Du
Manuscript Title: Symptom trajectories and influencing factors of prostate cancer following radical
prostatectomy in Chinese patients
Manuscript number (if known):

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4	Consulting fees	X_None	

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11	Stock or stock options	X_None	
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13	Other financial or non- financial interests	X_None	

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Date: May. 10th, 2021
Your Name: Jinqiu Wu
Manuscript Title: Symptom trajectories and influencing factors of prostate cancer following radical
prostatectomy in Chinese patients
Manuscript number (if known):

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4	Consulting fees	XNone	

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

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