

## ICMJE DISCLOSURE FORM

Date: 15.01.2022

Your Name: Frederik König

Manuscript Title: Quality indicators for the management of muscle-invasive bladder cancer in the perioperative setting of radical cystectomy: A Narrative Review.

Manuscript number (if known): TCR-21-1116

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.

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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)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
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:**

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# ICMJE DISCLOSURE FORM

Date: 15.01.2022

Your Name: Benjamin Pradere

Manuscript Title: Quality indicators for the management of muscle-invasive bladder cancer in the perioperative setting of radical cystectomy: A Narrative Review.

Manuscript number (if known): TCR-21-1116

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# ICMJE DISCLOSURE FORM

Date: 18.01.2022  
 Your Name: Nico C. Grossmann  
 Manuscript Title: Quality indicators for the management of muscle-invasive bladder cancer in the perioperative setting of radical cystectomy: A Narrative Review.  
 Manuscript number (if known): TCR-21-1116

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Zurich Cancer League	Research Grant for one year abroad
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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# ICMJE DISCLOSURE FORM

Date: 17.01.2022

Your Name: Fahad Quhal

Manuscript Title: Quality indicators for the management of muscle-invasive bladder cancer in the perioperative setting of radical cystectomy: A Narrative Review

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# ICMJE DISCLOSURE FORM

Date: 17.01.2022

Your Name: Pawel Rajwa

Manuscript Title: Quality indicators for the management of muscle-invasive bladder cancer in the perioperative setting of radical cystectomy: A Narrative Review

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## ICMJE DISCLOSURE FORM

Date: 17.01.2022

Your Name: Ekaterina Laukhtina

Manuscript Title: Quality indicators for the management of muscle-invasive bladder cancer in the perioperative setting of radical cystectomy: A Narrative Review

Manuscript number (if known): TCR-21-1116

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	EUSP Scholarship of the European Association of Urology	Research Grant for one year
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	
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# ICMJE DISCLOSURE FORM

Date: 16.01.2022

Your Name: Keiichiro Mori

Manuscript Title: Quality indicators for the management of muscle-invasive bladder cancer in the perioperative setting of radical cystectomy: A Narrative Review

Manuscript number (if known): TCR-21-1116

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# ICMJE DISCLOSURE FORM

Date: 16.01.2022

Your Name: Satoshi Katayama

Manuscript Title: Quality indicators for the management of muscle-invasive bladder cancer in the perioperative setting of radical cystectomy: A Narrative Review

Manuscript number (if known): TCR-21-1116

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# ICMJE DISCLOSURE FORM

Date: 20.01.2022  
 Your Name: Takafumi Yanagisawa  
 Manuscript Title: Quality indicators for the management of muscle-invasive bladder cancer in the perioperative setting of radical cystectomy: A Narrative Review  
 Manuscript number (if known): TCR-21-1116

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## ICMJE DISCLOSURE FORM

Date: 20.01.2022

Your Name: Hadi Mostafai

Manuscript Title: Quality indicators for the management of muscle-invasive bladder cancer in the perioperative setting of radical cystectomy: A Narrative Review

Manuscript number (if known): TCR-21-1116

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## ICMJE DISCLOSURE FORM

Date: 21.01.2022

Your Name: Reza Sari Motlagh

Manuscript Title: Quality indicators for the management of muscle-invasive bladder cancer in the perioperative setting of radical cystectomy: A Narrative Review

Manuscript number (if known): TCR-21-1116

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## ICMJE DISCLOSURE FORM

Date: 21.01.2022

Your Name: Abdulmajeed Aydh

Manuscript Title: Quality indicators for the management of muscle-invasive bladder cancer in the perioperative setting of radical cystectomy: A Narrative Review

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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:**

**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: 26.01.2022\_\_\_\_\_

Your Name: Roland Dahlem

Manuscript Title: \_\_\_\_Quality indicators for the management of muscle-invasive bladder cancer in the perioperative setting of radical cystectomy: A Narrative Review \_\_\_\_\_

Manuscript number (if known):\_\_\_\_ TCR-21-1116

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
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	

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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.

## ICMJE DISCLOSURE FORM

Date: 28.01.2022

Your Name: Shahrokh F. Shariat

Manuscript Title: Quality indicators for the management of muscle-invasive bladder cancer in the perioperative setting of radical cystectomy: A Narrative Review

Manuscript number (if known): TCR-21-1116

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.

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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)
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<b>Time frame: past 36 months</b>			
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	

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## ICMJE DISCLOSURE FORM

Date: 26.01.2022\_\_\_\_\_

Your Name: \_\_Michael Rink\_\_\_\_\_

Manuscript Title: \_\_Quality indicators for the management of muscle-invasive bladder cancer in the perioperative setting of radical cystectomy: A Narrative Review \_\_\_\_\_

Manuscript number (if known):\_\_ TCR-21-1116

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.

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