

ICMJE DISCLOSURE FORM

Date: 8/31/2023

Your Name: Roy Elias

Manuscript Title: Rucaparib for metastatic castrate-resistant prostate cancer: Did TRITON3 deliver a trifecta?

Manuscript number (if known): TCR-23-1279

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.	__X__ None	
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	

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

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

The author has no conflicts of interest 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: 29 August 2023

Your Name: Emmanuel Antonarakis

Manuscript Title: Rucaparib for metastatic castrate-resistant prostate cancer: Did TRITON3 deliver a trifecta?

Manuscript number (if known): TCR-23-1279

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.		
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Astellas	Payment to institution
		AstraZeneca	Payment to institution
		Bayer	Payment to institution
		Bristol-Myers Squibb	Payment to institution
		Celgene	Payment to institution
		Clovis	Payment to institution
		Constellation Pharma	Payment to institution
		MacroGenics	Payment to institution
		Merck	Payment to institution

		Orion	Payment to institution
		Sanofi	Payment to institution
3	Royalties or licenses		
4	Consulting fees	Aikido Pharma	Payment to self
		Constellation	Payment to self
		Corcept Therapeutics	Payment to self
		EcoR1	Payment to self
		Exact Sciences	Payment to self
		Foundation Medicine	Payment to self
		Global Life Sciences	Payment to self
		Hookipa Pharma	Payment to self
		KeyQuest Health	Payment to self
		Menarini Silicon Biosystems	Payment to self
		Propella Therapeutics	Payment to self
		z-Alpha	Payment to self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	UroWebinar	Payment to self
		MJH Events	Payment to self
		PER	Payment to self
		Research to Practice	Payment to self
6	Payment for expert testimony		
7	Support for attending meetings and/or travel	MJH Events	Payment to self
		PER	Payment to self
8	Patents planned, issued or pending	Qiagen	Payment to self
9	Participation on a Data Safety Monitoring Board or Advisory Board	Aadi Biosciences	Payment to institution
		Amgen	Payment to institution
		AstraZeneca	Payment to institution
		Blue Earth Diagnostics	Payment to self
		CM Propel	Payment to self
		Ismar	Payment to self
		Janssen	Payment to institution
		Merck	Payment to institution
		Pfizer	Payment to institution
		Sanofi	Payment to institution
		Tempus	Payment to institution
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-financial interests		

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

ESA has served as a paid consultant/advisor to Aikido Pharma, Constellation, Corcept Therapeutics, EcoR1, Exact Sciences, Foundation Medicine, Global Life Sciences, Hookipa Pharma, KeyQuest Health, Menarini Silicon Biosystems, Propella Therapeutics, z-Alpha, UroWebinar, MJH Events, PER, Research to Practice, Blue Earth Diagnostics, CM Propel, Ismar; has received research funding (to his institution) from Astellas, AstraZeneca, Bayer, Bristol-Myers Squibb, Celgene, Clovis, Constellation Pharma, MacroGenics, Merck, Orion, Sanofi, Aadi Biosciences, Amgen, Janssen, Pfizer, Tempus; and is a co-inventor of a biomarker technology that has been licensed to Qiagen.

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.