

## ICMJE DISCLOSURE FORM

Date: 26/08/24

Your Name: Zemenu Tadesse Tessema

Manuscript Title: Bayesian spatio-temporal modelling of depressive feelings among patients who underwent surgery for prostate cancer

Manuscript number (if known): JHMHP-24-83

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

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

I have no conflicts 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.

## ICMJE DISCLOSURE FORM

Date: 26/08/24

Your Name: Susannah Ahern

Manuscript Title: Bayesian spatio-temporal modelling of depressive feelings among patients who underwent surgery for prostate cancer

Manuscript number (if known): JHMHP-24-83

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## ICMJE DISCLOSURE FORM

Date: 26/08/2024

Your Name: Jeremy Millar

Manuscript Title: Bayesian spatio-temporal modelling of depressive feelings among patients who underwent surgery for prostate cancer

Manuscript number (if known): JHMHP-24-83

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## ICMJE DISCLOSURE FORM

Date: 14 sept 2024

Your Name: Nathan Papa

Manuscript Title: Bayesian spatio-temporal modelling of depressive feelings among patients who underwent surgery for prostate cancer

Manuscript number (if known): JHMHP-24-83

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Date: 26/08/24

Your Name: Getayeneh Antehunegn Tesema

Manuscript Title: Bayesian spatio-temporal modelling of depressive feelings among patients who underwent surgery for prostate cancer

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Your Name: Arul Earnest

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