

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nainesh	2. Surname (Last Name) Parikh	3. Date 30-November-2020
4. Are you the corresponding author? ☒ Yes ☐ No		
5. Manuscript Title A Narrative Review of the Role of Prostatic Artery Embolization in the Management of Post-Radiation Prostatitis		
6. Manuscript Identifying Number (if you know it) _____		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Canon Medical Systems	☐	☒	☐	☐	Paid Consultant
Boston Scientific, Corp	☐	☒	☐	☐	Paid Consultant

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Parikh reports personal fees from Canon Medical Systems, personal fees from Boston Scientific, Corp, outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Brandon	2. Surname (Last Name) Manley	3. Date 30-November-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Nainesh Parikh
5. Manuscript Title A Narrative Review of the Role of Prostatic Artery Embolization in the Management of Post-Radiation Prostatitis		
6. Manuscript Identifying Number (if you know it) _____		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Manley has nothing to disclose.

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1. Given Name (First Name) Julio	2. Surname (Last Name) Pow-Sang	3. Date 30-November-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Nainesh Parikh
5. Manuscript Title A Narrative Review of the Role of Prostatic Artery Embolization in the Management of Post-Radiation Prostatitis		
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