Date: Feb. 25	^h , 2021
Your Name:	Artamonova Nastasiia
Manuscript Title:	Small cell neuroendocrine prostate cancer with adenocarcinoma components mimicking prostatitis -
case report and li	terature review
Manuscript numb	er (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> <u>manuscript only</u>.

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

None.

Please place an "X" next to the following statement to indicate your agreement:

A. Muf

Date: 20.Dez.2023

Your Name: Angela Djanani

Manuscript Title: Small cell neuroendocrine prostate cancer with adenocarcinoma components mimicking prostatitis – case report and literature review

Manuscript number (if known): TAU-23-541_

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: Jan. 8th, 2024

Your Name: Andreas Schmiderer

Manuscript Title: <u>Small cell neuroendocrine prostate cancer with adenocarcinoma components – case report and literature review</u> Manuscript number (if known): _____

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame. Since the finitian	
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	X None
5		
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6		X None
D	Payment for expert	XNone
	testimony	
-		
7	Support for attending	XNone
	meetings and/or travel	
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	X None
9	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	X None
10		
	in other board, society, committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment,	X_None
1	materials, drugs, medical	
	writing, gifts or other	
1	services	
13	Other financial or non-	X_None
10	financial interests	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: 18.12.2024			
Your Name: Iris Pipp			
Manuscript Title: Small cell neuroendocrine prostate cancer with adenocarcinoma components mimicking			
prostatitis – case report and literature review			
Manuscript number (if known): TAU-23-541			

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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)
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: Since the initial X None	planning of the work
		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	X None X None
Б	Payment for expert testimony	
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

No conflict of interest.

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>9.1.2024</u>		
Your Name: Eva Compérat		
Manuscript Title:	Small cell neuroendocrine prostate cancer with	adenocarcinoma components -
case report and literature review		
Manuscript number (if known):	TAU-23-541	

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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		Time frame: Since the initia	i 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	

		1	
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	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
Ŭ	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,	_X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

EVA COHPERAT

Date: <u>Feb. 25^{ti}</u>	1, 2021
Your Name:	Gianpaolo Di Santo
Manuscript Title:	Small cell neuroendocrine prostate cancer with adenocarcinoma components
mimicking prostat	itis – case report and literature review

Manuscript number (if known): _

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution) al 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: pas	st 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 testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Junper & Com

Date: 18.12.2023
Your Name: Friedrich Aigner
Manuscript Title: Small cell neuroendocrine prostate cancer with adenocarcinoma components mimicking
prostatitis – case report and literature review
Manuscript number (if known): TAU-23-541-CL

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		Time frame: Since the initi	al 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: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

Please place an "X" next to the following statement to indicate your agreement:

Frett M

Date: <u>Dez. 22nd, 2023</u>

Your Name: Andreas von der Heidt

Manuscript Title: <u>Small cell neuroendocrine prostate cancer with adenocarcinoma components mimicking prostatitis –</u> <u>case report and literature review</u>

Manuscript number (if known): ____

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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		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	26 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 lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
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	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: 18-12-2023	
Your Name: Isabel H	eidegger
Manuscript Title:	Small cell neuroendocrine prostate cancer
	Sinan cen neuroendoenne prostate canter

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j ,	12 Le al par bir (il) comp	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 initia	I planning of the work
1	All support for the present	XNone	a concert. Disclose the statement of the
13	manuscript (e.g., funding,	difera (pol) di chi o	 main finite in alba provide drama are los.
÷.	provision of study materials, medical writing, article	(2) Effect of all the second secon	
	processing charges, etc.) No time limit for this item.	a line cultura - i di Priografia	New Yorker Group States (States Construction) (States Construction)
11.	and a state of head of	ग्रि ड/ (म्राट्रेल) कटलम् कि	and manufactor searchy from a research
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	XNone	
E.	in item #1 above).	pryst i relte a sit preserve	 A state of the second se
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	Paris (construction)

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5	Payment or honoraria for	XNone	
	lectures, presentations,	dentste het er en eine het den ste	
1914	speakers bureaus,		
	manuscript writing or	的 医侧侧 机 医白色 网络白色 白色	
量則	educational events		[1] S. M.
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
	meetings and/or dave.		
			a second and a support of the second s
8	Patents planned, issued or pending	XNone	
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	
	a to straint to find at		
1.1			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
15	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

18.12.25