

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 1. Identifying Information

1. Given Name (First Name)  
Mieke

2. Surname (Last Name)  
Van Hemelrijck

3. Date  
01-October-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

A first step towards a global nomogram to predict disease progression for men on active surveillance.

6. Manuscript Identifying Number (if you know it)

TAU-20-1082

### Section 2. The Work Under Consideration for Publication

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Dr. Van Hemelrijck has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xinge	2. Surname (Last Name) Ji	3. Date 22-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Mieke Van Hemelrijck
5. Manuscript Title A first step towards a global nomogram to predict disease progression for men on active surveillance.		
6. Manuscript Identifying Number (if you know it) TAU-20-1082		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Ji has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Jozien

2. Surname (Last Name)  
Helleman

3. Date  
01-October-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Dr Mieke Van Hemelrijck

5. Manuscript Title  
A first step towards a global nomogram to predict disease progression for men on active surveillance.

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Movember Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Helleman reports grants from Movember Foundation, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Monique J.      2. Surname (Last Name) Roobol      3. Date 23-October-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Dr Mieke Van Hemelrijck

5. Manuscript Title  
A first step towards a global nomogram to predict disease progression for men on active surveillance.

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1. Given Name (First Name)  
Daan

2. Surname (Last Name)  
Nieboer

3. Date  
26-October-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Dr Mieke Van Hemelrijck

5. Manuscript Title  
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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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)  
Chris

2. Surname (Last Name)  
Bangma

3. Date  
26-October-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Dr Mieke Van Hemelrijck

5. Manuscript Title  
A first step towards a global nomogram to predict disease progression for men on active surveillance.

6. Manuscript Identifying Number (if you know it)  
TAU-20-1082

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Movember Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

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Dr. Bangma reports grants from Movember Foundation, during the conduct of the study; .

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) Frydenberg	3. Date 23-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Mieke Van Hemelrijck
5. Manuscript Title A first step towards a global nomogram to predict disease progression for men on active surveillance.		
6. Manuscript Identifying Number (if you know it) TAU-20-1082		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Frydenberg has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Antti	2. Surname (Last Name) Rannikko	3. Date 22-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Mieke Van Hemelrijck
5. Manuscript Title A first step towards a global nomogram to predict disease progression for men on active surveillance.		
6. Manuscript Identifying Number (if you know it) TAU-20-1082		

### Section 2. The Work Under Consideration for Publication

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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

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Rannikko has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Vincent	2. Surname (Last Name) Gnanapragasam	3. Date 22-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Mieke Van Hemelrijck
5. Manuscript Title A first step towards a global nomogram to predict disease progression for men on active surveillance.		
6. Manuscript Identifying Number (if you know it) TAU-20-1082		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gnanapragasam has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Lui Shiong	2. Surname (Last Name) Lee	3. Date 22-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Mieke Van Hemelrijck
5. Manuscript Title A first step towards a global nomogram to predict disease progression for men on active surveillance.		
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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Lee has nothing to disclose.

### Evaluation and Feedback

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#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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) Michael

2. Surname (Last Name) Kattan

3. Date 22-October-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Dr Mieke Van Hemelrijck

5. Manuscript Title  
A first step towards a global nomogram to predict disease progression for men on active surveillance.

6. Manuscript Identifying Number (if you know it)  
TAU-20-1082

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Movember Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### 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 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kattan reports grants from Movember Foundation, during the conduct of the study; .

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.