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.

1. Identifying information.

2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Khoo

3. Date  
   21-March-2020

4. Are you the corresponding author?  
   Yes [ ]  No [x]

5. Manuscript Title  
   A Systematic Review of Salvage Focal Therapies for Localised Non-Metastatic Radiorecurrent Prostate Cancer

6. Manuscript Identifying Number (if you know it)  
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Dr. Khoo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Saiful
2. Surname (Last Name)  Miah
3. Date  21-March-2020
4. Are you the corresponding author?  
   Yes  ☑️  No
   Corresponding Author's Name  Christopher Khoo
5. Manuscript Title
   A Systematic Review of Salvage Focal Therapies for Localised Non-Metastatic Radiorecurrent Prostate Cancer
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   Yes  ☑️  No

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Dr. Miah has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Martin

2. Surname (Last Name)  
   Connor

3. Date  
   21-March-2020

4. Are you the corresponding author?  
   Yes  
   No  
   Corresponding Author’s Name  
   Christopher Khoo

5. Manuscript Title  
   A Systematic Review of Salvage Focal Therapies for Localised Non-Metastatic Radiorecurrent Prostate Cancer

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   Yes  
   No

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Are there any relevant conflicts of interest?  
   Yes  
   No

If yes, please fill out the appropriate information below.

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<tr>
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<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Wellcome Trust</td>
<td>✓</td>
<td></td>
<td></td>
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Dr. Connor reports grants from Wellcome Trust, outside the submitted work.

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Joseph

2. **Surname (Last Name)**  
   Tam

3. **Date**  
   21-March-2020

4. **Are you the corresponding author?**  
   - [ ] Yes  
   - [x] No  
   **Corresponding Author’s Name**  
   Christopher Khoo

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Dr. Tam has nothing to disclose.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   Mathias

2. **Surname (Last Name)**
   Winkler

3. **Date**
   21-March-2020

4. **Are you the corresponding author?**
   □ Yes  ✓ No
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   Christopher Khoo

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<td>✓</td>
<td>□</td>
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Dr. Winkler reports grants from Zicom Biobot, outside the submitted work.

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3. Relevant financial activities outside the submitted work.

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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.

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

Ahmed
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Hashim
2. Surname (Last Name)  Ahmed
3. Date  21-March-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Christopher Khoo
5. Manuscript Title
   A Systematic Review of Salvage Focal Therapies for Localised Non-Metastatic Radiorecurrent Prostate Cancer
6. Manuscript Identifying Number (if you know it)
   TAU-2019-PIFT-03

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

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

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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</table>
### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- [ ] Yes  
- [x] No

### 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):
- [x] 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. Ahmed reports grants from National Institute of Health Research (NIHR) Imperial Biomedical Research Centre, grants from Wellcome Trust, grants from Prostate Cancer UK, grants and personal fees from Sonacare Inc., grants from Medical Research Council, grants from Cancer Research UK, grants from Imperial Health Charity, grants from BMA Foundation, grants from The Urology Foundation, grants from Trod Medical, grants and personal fees from Sophiris Biocorp, personal fees from BTG/Galil, outside the submitted work.
Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Taimur

2. **Surname (Last Name)**
   - Shah

3. **Date**
   - 21-March-2020

4. **Are you the corresponding author?**
   - Yes [✓] No

   **Corresponding Author's Name**
   - Christopher Khoo

5. **Manuscript Title**
   - A Systematic Review of Salvage Focal Therapies for Localised Non-Metastatic Radiorecurrent Prostate Cancer

6. **Manuscript Identifying Number (if you know it)**
   - TAU-2019-PIFT-03

### 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

### 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

If yes, please fill out the appropriate information below.

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<thead>
<tr>
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<th>Non-Financial Support?</th>
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</tbody>
</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Dr. Shah reports grants from Prostate Cancer UK, grants from St. Peter’s Trust, non-financial support from Astellis, non-financial support from Ferring, non-financial support from Galil Medical, outside the submitted work; .

Evaluation and Feedback

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