ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Amir
2. Surname (Last Name)  Lebastchi
3. Date  22-March-2020
4. Are you the corresponding author?  Yes  No
6. Manuscript Identifying Number (if you know it)  TAU-19-640

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. Lebastchi 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)**
   - Nikhil
2. **Surname (Last Name)**
   - Gupta
3. **Date**
   - 22-March-2020
4. Are you the corresponding author?  
   - Yes [ ]  No [ √ ]
   
   **Corresponding Author’s Name**
   - Amir Lebatschi

5. **Manuscript Title**
6. **Manuscript Identifying Number (if you know it)**
   - TAU-19-640

## 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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- Yes [ ]  No [ √ ]

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Gupta 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)**
   - John Michael

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

3. **Date**
   - 20-March-2020

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

- **Corresponding Author’s Name**
  - Amir H. Lebastchi

5. **Manuscript Title**

6. **Manuscript Identifying Number (if you know it)**
   - TAU-19-640

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Dr. DiBianco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Morand
2. Surname (Last Name) Piert
3. Date 24-March-2020
4. Are you the corresponding author? [ ] Yes [X] No
   Corresponding Author’s Name Amir H. Lebastchi
5. Manuscript Title
6. Manuscript Identifying Number (if you know it)
   TAU-19-640

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Dr. Piert reports grants from Progenics, grants from Endocyte/Novartis, outside the submitted work; .

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<th>3. Date</th>
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<tr>
<td>Mathew</td>
<td>Davenport</td>
<td>24-March-2020</td>
</tr>
</tbody>
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4. Are you the corresponding author?  
   - Yes  
   - No

Corresponding Author’s Name

5. Manuscript Title
   - Title: Comparison of Cross-Sectional Imaging Techniques for the Detection of Prostate Cancer Lymph Node Metastasis: A Critical Review

6. Manuscript Identifying Number (if you know it)
   - TAU-19-640

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Dr. Davenport reports other from Wolters Kluwer, other from uptodate.com, outside the submitted work; .

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Ahdoot
### Section 1. Identifying Information

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<tr>
<th>1. Given Name (First Name)</th>
<th>Michael</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Ahdoot</td>
</tr>
<tr>
<td>3. Date</td>
<td>22-March-2010</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Amir Lebastchi</td>
</tr>
</tbody>
</table>

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
TAU-19-640

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Dr. Ahdoot has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sandeep

2. Surname (Last Name)  
   Gurram

3. Date  
   23-March-2020

4. Are you the corresponding author?  
   Yes ☑ No

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)  
   TAU-19-640

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Dr. Gurram has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Jonathan

2. Surname (Last Name)
   Bloom

3. Date
   23-March-2020

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

   Corresponding Author’s Name
   Amir Lebastchi

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
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Section 2. The Work Under Consideration for Publication

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Dr. Bloom has nothing to disclose.

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<td>Patrick</td>
<td>Gomella</td>
<td>22-March-2020</td>
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</tbody>
</table>

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

Corresponding Author’s Name  
Lebastchi, Amir

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)  
TAU-19-640

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Dr. Gomella has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Sherif

2. Surname (Last Name)  
   Mehlalivand

3. Date  
   22-March-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Amir H. Lebastchi

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Dr. Mehralivand has nothing to disclose.

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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

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Baris</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Turkbey</td>
</tr>
<tr>
<td>3. Date</td>
<td>23-March-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Amir Lebastchi</td>
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<th>5. Manuscript Title</th>
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6. Manuscript Identifying Number (if you know it)

## 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 |

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

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

Yes

No other relationships/conditions/circumstances that present a potential conflict of interest

1. Cooperative research and development agreements with Philips and Nvidia
2. Royalties from Invivo

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.

Dr. Turkbey reports

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1. **Identifying information.**
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   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.

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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<td>Pinto</td>
<td>24-March-2020</td>
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4. Are you the corresponding author? □ Yes ☑ No

Corresponding Author’s Name

Amir Lebastchi

5. Manuscript Title


6. Manuscript Identifying Number (if you know it)

TAU-19-640

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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.

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<th>Non-Financial Support?</th>
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Dr. Pinto, holding patent US8,447,384 on a method and system for performing biopsies, licensed to Philips with royalties to NIH, a portion of which is shared with Dr Pinto; and holding patent US10,215,830 on automated cancer detection using MRI, licensed to Philips with royalties to NIH, a portion of which is shared with Dr Pinto
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<tr>
<td>George</td>
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Research Consultant - Trod Medical

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Dr. Arvin reports and Research Consultant - Trod Medical.

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