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)  Maija
2. Surname (Last Name)     Valta
3. Date                   18-March-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Johanna Tuomela
5. Manuscript Title
   Critical evaluation of the subcutaneous engraftments of hormone naïve primary prostate cancer
6. Manuscript Identifying Number (if you know it)
   TAU-19-812

Section 2. The Work Under Consideration for Publication

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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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<td>State Research Funding to the responsibility area of Turku University Hospital</td>
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Dr. Valta reports grants from State Research Funding to the responsibility area of Turku University Hospital during the conduct of the study.

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<td>Ylä-Pelto</td>
<td>20-March-2020</td>
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</tbody>
</table>

4. Are you the corresponding author?  
   - Yes
   - No

Corresponding Author’s Name
   - Johanna Tuomela

5. Manuscript Title
   - Critical evaluation of the subcutaneous engraftments of hormone naïve primary prostate cancer

6. Manuscript Identifying Number (if you know it)
   - TAU-19-812

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Dr. Ylä-Pelto has nothing to disclose.

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1. Given Name (First Name) Lan
2. Surname (Last Name) Yu
3. Date 18-March-2020
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Johanna Tuomela
5. Manuscript Title
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Dr. Yu has nothing to disclose.

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   Tiina

2. Surname (Last Name)  
   Kähkönen

3. Date  
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4. Are you the corresponding author?  
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Dr. Kähkönen has nothing to disclose.

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2. Surname (Last Name)  
   Taimen

3. Date  
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   Johanna Tuomela

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Dr. Taimen reports grants from Academy of Finland, grants from Finnish Cancer Society, during the conduct of the study; personal fees from Roche, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<tr>
<td>Peter</td>
<td>Boström</td>
<td>20-March-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Johanna Tuomela

5. Manuscript Title  
Critical evaluation of the subcutaneous engraftments of hormone naïve primary prostate cancer

6. Manuscript Identifying Number (if you know it)  
TAU-19-812

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Dr. Boström 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)**  
   Otto

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

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

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

**Corresponding Author’s Name**  
Johanna Tuomela

5. **Manuscript Title**  
   Critical evaluation of the subcutaneous engraftments of hormone naïve primary prostate cancer

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

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<tr>
<td>Sofia</td>
<td>Khan</td>
<td>18-March-2020</td>
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4. Are you the corresponding author? [No]

5. Manuscript Title
   Critical evaluation of the subcutaneous engraftments of hormone naïve primary prostate cancer

6. Manuscript Identifying Number (if you know it)
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1. **Given Name (First Name)**  
   Niklas

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

3. **Date**  
   18-March-2020

4. **Are you the corresponding author?**  
   Yes  
   No

   **Corresponding Author’s Name**  
   Johanna Tuomela

5. **Manuscript Title**  
   Critical evaluation of the subcutaneous engraftments of hormone naïve primary prostate cancer

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

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Section 1. Identifying Information

1. Given Name (First Name)  Laura
2. Surname (Last Name)  Elo
3. Date  20-March-2020
4. Are you the corresponding author?  ☑ Yes  ☐ No
   Corresponding Author’s Name  Johanna Tuomela
5. Manuscript Title
   Critical evaluation of the subcutaneous engraftments of hormone naïve primary prostate cancer
6. Manuscript Identifying Number (if you know it)
   TAU-19-812

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

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<td>Sigrid Juselius Foundation</td>
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Dr. Elo reports grants from European Research Council ERC (677943), grants from European Union's Horizon 2020 research and innovation programme (675395), grants from Academy of Finland (296801, 304995, 310561, 314443, and 329278), grants from Sigrid Juselius Foundation, during the conduct of the study; .

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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.**

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**Definitions.**

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

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**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)  
Päivi  
2. Surname (Last Name)  
Koskinen  
3. Date  
18-March-2020  
4. Are you the corresponding author?  
☑ Yes  
☐ No  

**Corresponding Author’s Name**  
Johanna Tuomela  

5. Manuscript Title  
Critical evaluation of the subcutaneous engraftments of hormone naïve primary prostate cancer  

6. Manuscript Identifying Number (if you know it)  
TAU-19-812

**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.

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**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 6. Disclosure Statement

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

Dr. Koskinen reports grants from Academy of Finland, 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.
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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)  Pirkko
2. Surname (Last Name)  Härkönen
3. Date  19-March-2020
4. Are you the corresponding author?  [ ] Yes  [x] No
   Corresponding Author’s Name  Johanna Tuomela
5. Manuscript Title
   Critical evaluation of the subcutaneous engraftments of hormone naive primary prostate cancer
6. Manuscript Identifying Number (if you know it)
   TAU-19-812

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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.)?

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Dr. Härkönen reports grants from State Research Funding to the responsibility area of Turku University Hospital, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Johanna

2. Surname (Last Name)  
   Tuomela

3. Date  
   17-March-2020

4. Are you the corresponding author?  
   Yes  No

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