Date: 4/1/2022
Your Name: Antony Pellegrino
Manuscript Title: Focal Therapy for Prostate Cancer: What is Really Needed to Move from Investigational to Valid Therapeutic Alternative? A Narrative Review
Manuscript number (if known): ATM-22-50

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 current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__ None                                                                      |
|   | No time limit for this item.                                                                   |                                                                                  |
|   | **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 |
| 6 | Payment for expert testimony | _X_ None |
| 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 |

Please summarize the above conflict of interest in the following box:

None.

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

_X_. I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 4/1/2022
Your Name: Giuseppe O Cirulli
Manuscript Title: Focal Therapy for Prostate Cancer: What is Really Needed to Move from Investigational to Valid Therapeutic Alternative? A Narrative Review
Manuscript number (if known): ATM-22-50

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| 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. | __X__ None | __X__ None |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None | __X__ None |
| 3    | Royalties or licenses | __X__ None | __X__ None |
| 4    | Consulting fees | __X__ None | __X__ None |
|   | Question                                                                                                                       | Answer |
|---|-------------------------------------------------------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events                   | _X_ None |
| 6 | Payment for expert testimony                                                                                                    | _X_ None |
| 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 |

Please summarize the above conflict of interest in the following box:

None.

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**ICMJE DISCLOSURE FORM**

Date: 4/1/2022  
Your Name: Elio Mazzone  
Manuscript Title: Focal Therapy for Prostate Cancer: What is Really Needed to Move from Investigational to Valid Therapeutic Alternative? A Narrative Review  
Manuscript number (if known): ATM-22-50

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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No time limit for this item. | __X__ None |
| **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 |
|   | Description                                                                 | _X_ None |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         |          |
|   | manuscript writing or educational events                                   |          |
| 6 | Payment for expert testimony                                                |          |
| 7 | Support for attending meetings and/or travel                                |          |
| 8 | Patents planned, issued or pending                                          |          |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            |          |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy |          |
|   | group, paid or unpaid                                                       |          |
|11 | Stock or stock options                                                      |          |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other     |          |
|   | services                                                                     |          |
|13 | Other financial or non-financial interests                                   |          |

Please summarize the above conflict of interest in the following box:

None.

Please place an “_X_” next to the following statement to indicate your agreement:

_ _X_  I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 4/1/2022
Your Name: Francesco Barletta
Manuscript Title: Focal Therapy for Prostate Cancer: What is Really Needed to Move from Investigational to Valid Therapeutic Alternative? A Narrative Review
Manuscript number (if known): ATM-22-50

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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|   | **No time limit for this item.** | |
| **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 |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|---|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony | X | None |
| 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 |

Please summarize the above conflict of interest in the following box:

None.

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

X. I certify that I have answered every question and have not altered the wording of any of the questions on this form.
**ICMJE DISCLOSURE FORM**

**Date:** 4/1/ 2022  
**Your Name:** Simone Scuderi  
**Manuscript Title:** Focal Therapy for Prostate Cancer: What is Really Needed to Move from Investigational to Valid Therapeutic Alternative? A Narrative Review  
**Manuscript number (if known):** ATM-22-50

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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No time limit for this item. | _X_ None                                                                 |                                                                                  |
|   | **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 |
| 6 | Payment for expert testimony | _X_ None |
| 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 |

Please summarize the above conflict of interest in the following box:
None.

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

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 4/1/2022
Your Name: Mario de Angelis
Manuscript Title: Focal Therapy for Prostate Cancer: What is Really Needed to Move from Investigational to Valid Therapeutic Alternative? A Narrative Review
Manuscript number (if known): ATM-22-50

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| **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 |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 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 |

**Please summarize the above conflict of interest in the following box:**

None.

**Please place an “X” next to the following statement to indicate your agreement:**

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: 4/1/ 2022
Your Name: Giuseppe Rosiello
Manuscript Title: Focal Therapy for Prostate Cancer: What is Really Needed to Move from Investigational to Valid Therapeutic Alternative? A Narrative Review
Manuscript number (if known): ATM-22-50

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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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |
|   | _X_ None |
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|   | _X_ None |
|   | _X_ None |
|   | _X_ None |
|   | _X_ None |
|   | _X_ None |
| Time frame: past 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
|   | _X_ None |
| 3 | Royalties or licenses | _X_ None |
|   | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Description                                                                                      | X | None |
|---|-----------------------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                                  | X | None |
| 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 |

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ICMJE DISCLOSURE FORM

Date: 4/1/2022
Your Name: Giorgio Gandaglia
Manuscript Title: Focal Therapy for Prostate Cancer: What is Really Needed to Move from Investigational to Valid Therapeutic Alternative? A Narrative Review
Manuscript number (if known): ATM-22-50

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None | Time frame: past 36 months |
| 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 |
| 6 | Payment for expert testimony | _X_ None |
| 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 |

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None.

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ICMJE DISCLOSURE FORM

Date: 4/1/2022
Your Name: Francesco Montorsi
Manuscript Title: Focal Therapy for Prostate Cancer: What is Really Needed to Move from Investigational to Valid Therapeutic Alternative? A Narrative Review
Manuscript number (if known): ATM-22-50

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|   | **No time limit for this item.**                                                            |                                                                                  |
|   |                                                                                             | **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 |
| 6 | Payment for expert testimony | _X_ None |
| 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 |

Please summarize the above conflict of interest in the following box:

None.

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

_**X**_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 4/1/2022
Your Name: Alberto Briganti
Manuscript Title: Focal Therapy for Prostate Cancer: What is Really Needed to Move from Investigational to Valid Therapeutic Alternative? A Narrative Review
Manuscript number (if known): ATM-22-50

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                                  |
|   | **No time limit for this item.**                                                                 |                                                                                   |
| 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                                                                                 |

Time frame: Since the initial planning of the work

Time frame: past 36 months
### Conflict of Interest

| Question                                                                 | Answer |
|------------------------------------------------------------------------|--------|
| 5. Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6. Payment for expert testimony                                        | X None |
| 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 |

**Please summarize the above conflict of interest in the following box:**

None.

**Please place an “X” next to the following statement to indicate your agreement:**

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 4/1/2022
Your Name: Armando Stabile
Manuscript Title: Focal Therapy for Prostate Cancer: What is Really Needed to Move from Investigational to Valid Therapeutic Alternative? A Narrative Review
Manuscript number (if known): ATM-22-50

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