ICMJE DISCLOSURE FORM

Date: _26.02.2021_
Your Name: Britta Grüne
Manuscript Title: Ex vivo validation of a real-time multispectral endoscopic system for the detection and biopsy of bladder tumors
Manuscript number (if known): TAU-20-1372

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.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.) 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                                        | _x__ None                                                                   |
|   |   |   |
|---|---|---|
|   | lectures, presentations, speakers bureaus, manuscript writing or educational events |   |
| 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:

No conflicts of interest.

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

_ _ _ 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: March 11th 2021

Your Name: Jan Rother

Manuscript Title: Ex vivo validation of a real-time multispectral endoscopic system for the detection and biopsy of bladder tumors

Manuscript number (if known):

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|---|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| **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.) | work funded by the German Ministry for Education and Research (GO-Bio Project 031B0219) |
|   | 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 |
### Conflict of Interest

|   | Description                                                                 | Status |
|---|------------------------------------------------------------------------------|--------|
| 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:**

Go-BIO grant, no relevant further conflicts.
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: 15.03.2021
Your Name: Frank Waldbillig
Manuscript Title: Ex vivo validation of a real-time multispectral endoscopic system for the detection and biopsy of bladder tumors
Manuscript number (if known): 

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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|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   | 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:**

No conflicts of interest.

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

___ 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: 11/03/2021  
Your Name: Ganapathy Chellappan  
Manuscript Title: Ex vivo validation of a real-time multispectral endoscopic system for the detection and biopsy of bladder tumors  
Manuscript number (if known):

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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|   | 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) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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. | German Ministry for Education and Research (GO-Bio Project 031B0219)  
Grant |
|   | Activity Description                                                                 |     |
|---|-------------------------------------------------------------------------------------|-----|
| 4 | Consulting fees                                                                     | None|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript      | None|
|   | writing or educational events                                                        |     |
| 6 | Payment for expert testimony                                                         | None|
| 7 | Support for attending meetings and/or travel                                         | None|
| 8 | Patents planned, issued or pending                                                   | None|
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                    | None|
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group,  | None|
|   | paid or unpaid                                                                       |     |
| 11| Stock or stock options                                                               | None|
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services     | None|
| 13| Other financial or non-financial interests                                            | None|

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

GO-Bio Project grant from German ministry for education and research. No other conflicts

Please place an “X” next to the following statement to indicate your agreement:
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: 12.03.2021
Your Name: Sabine Meessen

Manuscript Title: Ex vivo validation of a real-time multispectral endoscopic system for the detection and biopsy of bladder tumors

Manuscript number (if known): ____________________________________________

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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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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: Since the initial planning of the work

|   | 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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: past 36 months
|   | Description                                                                 | X_None |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |        |
| 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:

No conflict of interest

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: 15.03.2021
Your Name: Bartłomiej Grychtol
Manuscript Title: Ex vivo validation of a real-time multispectral endoscopic system for the detection and biopsy of bladder tumors
Manuscript number (if known):  

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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| #  | 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.) No time limit for this item. | German Ministry for Education and Research Grant GO-Bio (Project 031B0219)       |
|    | Time frame: past 36 months                                                       |                                                                                 |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).         | German Ministry for Education and Research Grant GO-Bio (Project 031B0219)       |
| 3  | Royalties or licenses                                                            | None                                                                            |
| 4  | Consulting fees                                                                 | None                                                                            |
| 5  | Payment or honoraria for                                                          | None                                                                            |
| Section                                                                 | Response |
|------------------------------------------------------------------------|----------|
| Lectures, presentations, speakers bureaus, manuscript writing or educational events |          |
| 6 Payment for expert testimony                                         | None     |
| 7 Support for attending meetings and/or travel                         | None     |
| 8 Patents planned, issued or pending                                   | None     |
| 9 Participation on a Data Safety Monitoring Board or Advisory Board    | None     |
| 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 Stock or stock options                                              | Thericon GmbH | Shareholder |
| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 Other financial or non-financial interests                           | None     |

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

Bartłomiej Grychtol is founder and shareholder of Thericon GmbH.

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.

Den Haag, 15.03.2021

Bartłomiej Grychtol
ICMJE DISCLOSURE FORM

Date: __10.03.2021__________________________________________________________
Your Name: ___Nikolaos C. Deliolanis______________________________________
Manuscript Title: Ex vivo validation of a real-time multispectral endoscopic system for the detection and biopsy of bladder tumors
Manuscript number (if known):__________________________________________________________________

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.) | **Time frame: Since the initial planning of the work** |
|   | No time limit for this item.                                                                 |                                                                                  |
|**2**| Grants or contracts from any entity (if not indicated in item #1 above).                       | German Ministry for Education and Research Grant: GO-Bio (Project 031B0219)       |
|   |                                                                                                 | **Time frame: past 36 months**                                                   |
|   |                                                                                                 |                                                                                  |
|**3**| Royalties or licenses                                                                           | None                                                                              |
   |                                                                                                 |                                                                                  |
|   |   |   |
|---|---|---|
| 4 | Consulting fees | None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | Patents on multispectral imaging issued and pending WO2015185661A1 patent family |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | Shareholder in Thericon GmbH |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

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

Nikolaos C. Deliolanis is a co-inventor in a patent WO2015185661A1 family. Nikolaos C. Deliolanis is shareholder of technology start-up “Thericon GmbH” with the aim to commercialize multispectral imaging technology.
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: 1\textsuperscript{st}-Mar-2021
Your Name: Christian Bolenz
Manuscript Title: Ex vivo validation of a rela-time multispectral endoscopic system...
Manuscript number (if known): _____________________

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.) No time limit for this Item. | grant (Co-PI) from the German Ministry for Education and Research (GO-Bio Project 031B0219) |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |   |   |
|---|---|---|
| 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:

Go-BIO grant, no relevant further conflicts.

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: 26.2.21

Your Name: Maximilian Kriegmair

Manuscript Title: Ex vivo validation of a real-time multispectral endoscopic system for the detection and biopsy of bladder tumors

Manuscript number (if known): _______________

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>No time limit for this item. | x None<br>No time limit for this item. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | xNone |
| 3 | Royalties or licenses | xNone |
|   | Description                                                                 | X None |
|---|-----------------------------------------------------------------------------|-------|
| 4 | Consulting fees                                                            |       |
| 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                                  |       |

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