ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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4. **Intellectual Property.**

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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

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

3. **Date**
   - 19-March-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - RISK STRATIFICATION FOR UPPER TRACT URINARY CARCINOMA

6. **Manuscript Identifying Number (if you know it)**
   - TAU-2019-UTUC-02(TAU-19-576)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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- No

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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  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. BENAMRAN 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) Thomas
2. Surname (Last Name) Seisen
3. Date 19-March-2020
4. Are you the corresponding author? Yes No
5. Manuscript Title RISK STRATIFICATION FOR UPPER TRACT URINARY CARCINOMA
6. Manuscript Identifying Number (if you know it) TAU-2019-UTUC-02(TAU-19-576)

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Dr. Thomas 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)  
   Elias

2. Surname (Last Name)  
   Naoum

3. Date  
   19-March-2020

4. Are you the corresponding author?  
   Yes  
   No

   Corresponding Author’s Name  
   MORGAN ROUPRET

5. Manuscript Title  
   Risk Stratification for Upper Tract Urinary Carcinoma

6. Manuscript Identifying Number (if you know it)  
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Dr. Naoum 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) | christophe |
|---------------------------|------------|
| 2. Surname (Last Name)    | vaessen    |
| 3. Date                   | 21-March-2020 |

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

Corresponding Author’s Name  
morgan roupret

5. Manuscript Title  
RISK STRATIFICATION FOR UPPER TRACT URINARY CARCINOMA

6. Manuscript Identifying Number (if you know it)  
TAU-2019-UTUC-02(TAU-19-576)

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- [✓] No

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Dr. vaessen has nothing to disclose.

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date  |
|---------------------------|------------------------|---------|
| Jérome                    | Parra                  | 22-March-2020 |

| 4. Are you the corresponding author? | 5. Manuscript Title                   |
|-------------------------------------|---------------------------------------|
| Yes                                 | RISK STRATIFICATION FOR UPPER TRACT URINARY CARCINOMA |

| 6. Manuscript Identifying Number (if you know it) |
|---------------------------------------------------|
| TAU-2019-UTUC-02(TAU-19-576)                      |

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Dr. Parra has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Pierre

2. Surname (Last Name)  
   Mozer

3. Date  
   21-March-2020

4. Are you the corresponding author?  
   [ ] Yes  [ ] No
   Corresponding Author’s Name  
   Morgan roupret

5. Manuscript Title  
   RISK STRATIFICATION FOR UPPER TRACT URINARY CARCINOMA

6. Manuscript Identifying Number (if you know it)  
   TAU-2019-UTUC-02(TAU-19-576)

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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

Section 3. Relevant financial activities outside the submitted work.

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

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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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   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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1. Given Name (First Name) Sharokh
2. Surname (Last Name) Shariat
3. Date 19-March-2020
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name MORGAN ROUPRET
5. Manuscript Title Risk Stratification for Upper Tract Urinary Carcinoma
6. Manuscript Identifying Number (if you know it) TAU-2019-UTUC-02(TAU-19-576)

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

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| 1. Given Name (First Name) | Morgan |
|----------------------------|--------|
| 2. Surname (Last Name)    | ROUPRÊT |
| 3. Date                    | 19-March-2020 |
| 4. Are you the corresponding author? | Yes | No |

### 5. Manuscript Title
RISK STRATIFICATION FOR UPPER TRACT URINARY CARCINOMA

### 6. Manuscript Identifying Number (if you know it)
TAU-2019-UTUC-02(TAU-19-576)

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Are there any relevant conflicts of interest? | Yes | No

## Section 3. Relevant financial activities outside the submitted work.

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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
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