ICMJE Form for Disclosure of Potential Conflicts of Interest

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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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Haben                     | Mogos                  | 06-May-2020 |

4. Are you the corresponding author? ✔ No

| 5. Manuscript Title |
|---------------------|
| Computerized tomography before the final treatment cycle of neoadjuvant chemotherapy or induction chemotherapy in muscle-invasive urinary bladder cancer, cannot predict pathoanatomical outcomes and does not reflect prognosis - results |

6. Manuscript Identifying Number (if you know it)

TAU-19-872

### 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. Mogos has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Elisabeth

2. Surname (Last Name)  
   Eriksson

3. Date  
   06-May-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Computerized tomography before the final treatment cycle of neoadjuvant chemotherapy or induction chemotherapy in muscle-invasive urinary bladder cancer, cannot predict pathoanatomical outcomes and does not reflect prognosis - results

6. Manuscript Identifying Number (if you know it)

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

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Section 6. Disclosure Statement

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Dr. Eriksson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Johan

2. Surname (Last Name)  
   Styrke

3. Date  
   06-May-2020

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   Amir Sherif

5. Manuscript Title  
   Computerized tomography before the final treatment cycle of neoadjuvant chemotherapy or induction chemotherapy in muscle-invasive urinary bladder cancer, cannot predict pathoanatomical outcomes and does not reflect prognosis - results

6. Manuscript Identifying Number (if you know it)  
   TAU-19-872

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Section 1. Identifying Information

1. Given Name (First Name)  Amir
2. Surname (Last Name)  Sherif
3. Date  06-May-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
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