

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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4. Intellectual Property.

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

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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) Shuai	2. Surname (Last Name) Liu	3. Date 07-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guang-Chen Zhou
5. Manuscript Title Effect on Survival of Local Treatment in Patients with Low Prostate-specific Antigen, High Gleason Score Prostate Cancer: A Population-based Propensity Score-matched Analysis		
6. Manuscript Identifying Number (if you know it) APM-19-414		

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Dr. Liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Xiao-Ying	2. Surname (Last Name) Wang	3. Date 07-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guang-Chen Zhou
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Section 1. Identifying Information

1. Given Name (First Name)

Tiao-Bao

2. Surname (Last Name)

Huang

3. Date

09-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Guang-Chen Zhou

5. Manuscript Title

Effect on Survival of Local Treatment in Patients with Low Prostate-specific Antigen, High Gleason Score Prostate Cancer: A Population-based Propensity Score-matched Analysis

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APM-19-414

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Dr. Huang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Quan

2. Surname (Last Name)
Niu

3. Date
08-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Guang-Chen Zhou

5. Manuscript Title
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Kai

2. Surname (Last Name)
Yao

3. Date
08-April-2020

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Yes No

Corresponding Author's Name
Guang-Chen Zhou

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Section 1. Identifying Information

1. Given Name (First Name)
Xing

2. Surname (Last Name)
Song

3. Date
07-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Guang-Chen Zhou

5. Manuscript Title
Effect on Survival of Local Treatment in Patients with Low Prostate-specific Antigen, High Gleason Score Prostate Cancer: A Population-based Propensity Score-matched Analysis

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)
Shi-Yao

2. Surname (Last Name)
Zhou

3. Date
08-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Guang-Chen Zhou

5. Manuscript Title
Effect on Survival of Local Treatment in Patients with Low Prostate-specific Antigen, High Gleason Score Prostate Cancer: A Population-based Propensity Score-matched Analysis

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Zhen

2. Surname (Last Name)

Chen

3. Date

09-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Guang-Chen Zhou

5. Manuscript Title

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Guang-Chen

2. Surname (Last Name)
Zhou

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07-April-2020

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