

ICMJE DISCLOSURE FORM

Date: 2/8/2024

Your Name: María Dolores Fenor de la Maza

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 2/7/2024

Your Name: Ana Ferreira

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 7/2/2024

Your Name: Antje Neeb

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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Date: 2/7/2023

Your Name: Adam Sharp

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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: 2/9/2024

Your Name: Claudia Bertan

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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 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.	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> Click the tab key to add additional rows.						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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☒ 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: 2/7/2024

Your Name: Christina Guo

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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 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.

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Time frame: past 36 months								
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☒ 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: 7/2/2024

Your Name: Christopher Lord

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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4	Consulting fees	<input type="checkbox"/> None	
		FoRx, Syncona, Sun Pharma, Gerson Lehrman Group, Merck KGaA, Vertex, AstraZeneca, Tango, 3rd Rock, Ono Pharma, Artios, Abingworth, Tesselate, Dark Blue Therapeutics, Pontifax, Astex, Neophore, Glaxo Smith Kline, Dawn Bioventures	Payments made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		C.J.L. is also a named inventor on patents describing the use of DNA repair inhibitors and stands to gain from their development and use as part of the ICR "Rewards to Inventors" scheme and also reports benefits from this scheme associated with patents for PARP inhibitors paid into CJL's personal account and research accounts at the Institute of Cancer Research.	paid into CJL's personal account and research accounts at the Institute of Cancer Research
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 2/7/2024

Your Name: Denisa Bogdan

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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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ICMJE DISCLOSURE FORM

Date: 2/7/2024

Your Name: Daniel Westaby

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr> <td>CRUK Clinical Research Fellowship</td> <td>(March 2021 onwards)</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	CRUK Clinical Research Fellowship	(March 2021 onwards)				
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr><td>Travel expenses to attend ESMO 2023 - Novartis</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Travel expenses to attend ESMO 2023 - Novartis								
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ICMJE DISCLOSURE FORM

Date: 2/14/2024

Your Name: Emma Hall

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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 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.

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		Accuray Inc	Grant received by Institution as contribution to the central trial costs of a non-commercial radiotherapy trial in prostate cancer.								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety	<input checked="" type="checkbox"/> None									

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	Monitoring Board or Advisory Board	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

ICMJE DISCLOSURE FORM

Date: 2/7/2024

Your Name: Ines Figueiredo

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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☒ 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: 2/9/2024

Your Name: Juliet Carmichael

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 2/12/2024

Your Name: Johann de Bono

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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1	<input type="checkbox"/> None <div> <div>AstraZeneca</div> <div>Advisory board fees and research funding to my Institution.</div> </div> <div>Click the tab key to add additional rows.</div>	
Time frame: past 36 months		
2	<input type="checkbox"/> None <div> <div>Amgen, AstraZeneca, Astellas, Bayer, Cellcentric, Crescendo, Daiichi, Genentech, Genmab, GSK, Harpoon, Immunic Therapeutics, Janssen, Merck Serono, Merck Sharp & Dohme, Menarini/Silicon Biosystems, MetaCurUm, Myricx, Nurix Therapeutics, Oncternal, Orion, Pfizer, Sanofi Aventis, Sierra Oncology, Taiho, Vertex Pharmaceuticals.</div> <div>Research funding to my Institution.</div> </div>	

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3	Royalties or licenses	<input type="checkbox"/> None	
		AstraZeneca	No personal income
		Janssen	No personal income
4	Consulting fees	<input type="checkbox"/> None	
		Acai Therapeutics, Amgen, Astra Zeneca, Astellas, Bayer, Bioexcel Therapeutics, Boehringer Ingelheim, Cellcentric, Crescendo, Daiichi, Dark Blue Therapeutics, Eisai, Genentech/Roche, Genmab, GSK, Harpoon, ImCheck Therapeutics, Janssen, Merck Serono, Merck Sharp & Dohme, Menarini/Silicon Biosystems, MetaCurUm, Myricx, Novartis, Nurix Therapeutics, Oncternal, Orion, Pfizer, Qiagen, Sanofi Aventis, Sierra Oncology, Taiho, Takeda, Tango Therapeutics, Terumo, Vertex Pharmaceuticals.	
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8	Patents planned, issued or pending	<input type="checkbox"/> None	
		DNA Damage repair inhibitors for treatment of Cancer	Licensed to AstraZeneca
		17-substituted steroids useful in cancer treatment	Licensed to Janssen
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ICMJE DISCLOSURE FORM

Date: 8/3/2021

Your Name: JOAQUIN MATEO

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr><td>ASTRAZENECA</td><td>RESEARCH GRANT TO INSTITUTION</td></tr> <tr><td>PFIZER</td><td>RESEARCH GRANT TO INSTITUTION</td></tr> <tr><td>AMGEN</td><td>RESEARCH GRANT TO INSTITUTION</td></tr> </table>	ASTRAZENECA	RESEARCH GRANT TO INSTITUTION	PFIZER	RESEARCH GRANT TO INSTITUTION	AMGEN	RESEARCH GRANT TO INSTITUTION
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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>LANGUAGE THERAPEUTICS</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		LANGUAGE THERAPEUTICS											
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>ILLUMINA</td><td></td></tr> <tr><td>GUARDANT HEALTH</td><td></td></tr> <tr><td>ASTRAZENECA</td><td></td></tr> <tr><td>PFIZER ONCOLOGY</td><td></td></tr> </table>		ILLUMINA		GUARDANT HEALTH		ASTRAZENECA		PFIZER ONCOLOGY					
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		ASTRAZENECA	Drugs for preclinical research
13	Other financial or non-financial interests	<input type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 2/7/2024

Your Name: Jonathan Welti

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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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ICMJE DISCLOSURE FORM

Date: 2/7/2024

Your Name: Jan Rekowski

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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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ICMJE DISCLOSURE FORM

Date: 2/10/2024

Your Name: Jin Qiu Lu

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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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ICMJE DISCLOSURE FORM

Date: 2/13/2024

Your Name: Khobe Chandran

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 2/7/2024

Your Name: Lewis Gallagher

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 2/7/2024

Your Name: Mateus Crespo

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 2/7/2024

Your Name: Nuria Porta

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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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ICMJE DISCLOSURE FORM

Date: 2/20/2024

Your Name: Rafael Grochot

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 07/02/2024

Your Name: Ruth Riisnaes

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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☒ X

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ICMJE DISCLOSURE FORM

Date: 2/7/2024

Your Name: Suzanne Carreira

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 2/7/2024

Your Name: Wei Yuan

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 2/7/2024

Your Name: George Seed

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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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ICMJE DISCLOSURE FORM

Date: 2/12/2024

Your Name: Michael M. Shen

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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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ICMJE DISCLOSURE FORM

Date: 2/19/2024

Your Name: Nick Beije

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 2/19/2024

Your Name: Susana Miranda

Manuscript Title: RNASEH2B loss and PARP inhibition in advanced prostate cancer

Manuscript Number (if known): 178278-JCI-CMED-1

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