ICMJE DISCLOSURE FORM

Date: 8/24/2025

Your Name: Rayann Atway

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): **189900-JCI-RG-RV-2**

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			
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			Click the tab key to add additional rows.
Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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	☒ **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**	

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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**	

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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: 8/25/2025

Your Name: Anna Baj

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/24/2025

Your Name: John Bright

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/26/2025

Your Name: Nicole Carrabba

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): **189900-JCI-RG-RV-2**

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ICMJE DISCLOSURE FORM

Date: 8/25/2025

Your Name: Peter Choyke

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor activity-low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-CRPH-RV-3

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: 8/24/2025

Your Name: William Dahut

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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		Dexcom	Immediate family member

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ICMJE DISCLOSURE FORM

Date: 8/25/2025

Your Name: John M Fenimore

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): **189900-JCI-RG-RV-2**

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		ICure Grant	
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ICMJE DISCLOSURE FORM

Date: 8/25/2025

Your Name: Stephanie Harmon

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 8/25/2025

Your Name: Kayla Heyward

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/24/2025

Your Name: Caroline S Jansen

Manuscript Title: *Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition*

Manuscript Number (if known): 189900-JCI-RG-RV-2

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		Medical Scientist Training Program Grant (T32 GM008169)	
		National Cancer Institute Grant (F30CA243250)	
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ICMJE DISCLOSURE FORM

Date: 8/24/2025

Your Name: Sumeyra Kartal

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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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.) **No time limit for this item.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		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)
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	☒ **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**	

		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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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: 8/25/2025

Your Name: Fatima Karzai

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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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3	Royalties or licenses	☒ **None**	

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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 8/26/2025

Your Name: Isaiah King

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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			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).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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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	☒ **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**	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/26/2025

Your Name: Haydn Kissick

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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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.) **No time limit for this item.**	☐ **None**	
		NIH – 1R01CA280069	
			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).	☐ **None**	
		NIH - Í1R01CA280069	
3	Royalties or licenses	☒ **None**	

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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	☒ **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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 8/25/2025

Your Name: Anson Ku

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): **189900-JCI-RG-RV-2**

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.**	☐ **None**	
		Department of Defense Congressional Directed Medical Research Programs Early Investigator Research Award 2021	
		Prostate Cancer Foundation Young Investigator award 2021	
			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).	☐ **None**	
3	Royalties or licenses	☒ **None**	

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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	☒ **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**	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/18/2025

Your Name: Ross Lake

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulationsusceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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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	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 8/24/2025

Your Name: Chennan Li

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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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	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 8/25/2025

Your Name: Rosina T Lis

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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6	Payment for expert testimony	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 8/24/2025

Your Name: Daniel Low

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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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	☒ **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**	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/27/2025

Your Name: Peter Pinto, MD

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulationsusceptible to HER2 inhibition

Manuscript Number (if known): Click or tap here to enter text.

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			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).	☒ **None**	
3	Royalties or licenses	☐ **None**	
		Phillips	National Institutes of Health (NIH) and Philips have a Cooperative Research and Development Agreement (CRADA). Philips pays royalties to NIH for a licensing agreement, NIH then pays royalties to Dr Pinto in his capacity as a

		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)
			full-time employed US federal government surgeon-scientist at the NIH. Dr Pinto and NIH have intellectual property in the field, including among other patents and patent applications: "System and Method for Prostate Cancer Detection and Distribution Mapping" US Patent number 8,447,384 ; "System and Method for Computer Aided Cancer Detection Using T2-weighted And High-value Diffusion-weighted Magnetic Resonance Imaging" US Patent number 10,215,830 ; "System and Method for Planning and Performing a Repeat Interventional Procedure" US Patent number 11,051,902. NIH and Philips have a licensing agreement with the authors. NIH does not endorse or recommend any commercial products, processes, or services. The views and personal opinions of authors expressed herein do not necessarily state or reflect those of the US Government, nor reflect any official recommendation or opinion of the NIH nor NCI.
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	

		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)
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☐ **None**	
		Phillips	National Institutes of Health (NIH) and Philips have a Cooperative Research and Development Agreement (CRADA). Philips pays royalties to NIH for a licensing agreement, NIH then pays royalties to Dr Pinto in his capacity as a full-time employed US federal government surgeon-scientist at the NIH. Dr Pinto and NIH have intellectual property in the field, including among other patents and patent applications: "System and Method for Prostate Cancer Detection and Distribution Mapping" US Patent number 8,447,384 ; "System and Method for Computer Aided Cancer Detection Using T2-weighted And High-value Diffusion-weighted Magnetic Resonance Imaging" US Patent number 10,215,830 ; "System and Method for Planning and Performing a Repeat Interventional Procedure" US Patent number 11,051,902. NIH and Philips have a licensing agreement with the authors. NIH does not endorse or recommend any commercial products, processes, or services. The views and personal opinions of authors expressed herein do not necessarily state or reflect those of the US Government, nor reflect any official recommendation or opinion of the NIH nor NCI.

		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)
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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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: *8/27/2025*

Your Name: Cassandra Singler

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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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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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		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)
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	☒ **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**	

		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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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: 8/26/2025

Your Name: Adam Sowalsky

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor activity-low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-CRPH-RV-3

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.) **No time limit for this item.**	☐ **None**	
		Department of Defense	Payments made to my institution
		Astellas	Payments made to my institution
			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).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		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)
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**	
		Prostate Cancer Foundation	In kind
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**	
		Department of Defense	Unpaid

		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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/25/2025

Your Name: Emily Summerbell

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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	☒ **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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 8/25/2025

Your Name: David Y. Takeda

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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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	☐ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/24/2025

Your Name: Nicholas T. Terrigino

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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	☒ **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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 8/25/2025

Your Name: Shana Trostel

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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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**	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/24/2025

Your Name: Baris Turkbey

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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3	Royalties or licenses	☒ **None**	

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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**	

		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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☐ **None**	
		CRADA with Philips	
		CRADA with NVIDIA	

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ICMJE DISCLOSURE FORM

Date: 8/24/2025

Your Name: BaoHan Vo

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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	☒ **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**	

		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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/24/2025

Your Name: Nichelle C. Whitlock

Manuscript Title: Localized high-risk cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 8/26/2025

Your Name: Scott Wilkinson

Manuscript Title: Localized high-risk prostate cancer harbors an androgen receptor-activity low subpopulation susceptible to HER2 inhibition

Manuscript Number (if known): 189900-JCI-RG-RV-2

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3	Royalties or licenses	☒ **None**	

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7	Support for attending meetings and/or travel	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date. 08/26/2021

Your Name: Click or tap here to enter text. Haihui Ye

Manuscript Title: Click or tap here to enter text. Localized high-risk prostate cancer harbors an androgen receptor activity low subpopulation

Manuscript Number (if known): Click or tap here to enter text. 189900-JCI-RG-RV-2

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