

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.

1. Identifying information.

2. The work under consideration for publication.

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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4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Nima 2. Surname (Last Name) Sharifi 3. Date 23-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer

6. Manuscript Identifying Number (if you know it)
98319-JCI-RG-RV-2

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.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Cancer Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grants
Prostate Cancer Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant
Janssen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	clinical biospecimens for PK study

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
co-invention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		A patent has been issued to Cleveland Clinic for a method of steroid-dependent disease treatment based on HSD3B1; Nima Sharifi, MD, is listed as co-inventor on this patent.

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Dr. Sharifi reports grants from National Cancer Institute, grants from Prostate Cancer Foundation, non-financial support from Janssen, during the conduct of the study; In addition, Dr. Sharifi has a patent co-invention issued.

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Section 1. Identifying Information

1. Given Name (First Name) Mohammad	2. Surname (Last Name) Alyamani	3. Date 23-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nima Sharifi
5. Manuscript Title HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer		
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Dr. Alyamani 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) William D	2. Surname (Last Name) Figg	3. Date 25-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nima Sharifi
5. Manuscript Title HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Figg 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) Bo	2. Surname (Last Name) Hu	3. Date 26-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nima Sharifi
5. Manuscript Title HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer		
6. Manuscript Identifying Number (if you know it) 98319-JCI-RG-RV-2		

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Dr. Hu has nothing to disclose.

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1. Given Name (First Name) Tae Hyun	2. Surname (Last Name) Hwang	3. Date 26-April-2018
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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

4.

Definitions.

5.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

The patent has been licensed to an entity, whether earning royalties or not

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)
Allison

2. Surname (Last Name)
Tyler

3. Date
25-April-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Nima Sharifi, MD

5. Manuscript Title
HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer

6. Manuscript Identifying Number (if you know it)
98319-JCI-RG-RV-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time**

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tolmar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.

Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mrs. Tyler reports personal fees from Astra Zeneca, personal fees from Tolmar, personal fees from Bayer,

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback>

ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hamid	2. Surname (Last Name) Emamekhoo	3. Date 25-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Nima Sharifi
5. Manuscript Title HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer		
6. Manuscript Identifying Number (if you know it) 98319-JCI-RG-RV-2		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes 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 No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Emamekhoo has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jorge	2. Surname (Last Name) Garcia	3. Date 25-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nima Sharifi
5. Manuscript Title HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer		
6. Manuscript Identifying Number (if you know it) 98319-JCI-RG-RV-2		

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.)?

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Garcia has nothing to disclose.

Evaluation and Feedback

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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) Richard 2. Surname (Last Name) Auchus 3. Date 25-April-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name _____

5. Manuscript Title
HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer

6. Manuscript Identifying Number (if you know it)
98319-JCI-RG-RV-2

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.)?

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Janssen Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Auchus reports personal fees from Janssen Pharmaceuticals, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Caly 2. Surname (Last Name) Chien 3. Date 24-April-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Nima Sharifi

5. Manuscript Title
HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer

6. Manuscript Identifying Number (if you know it)
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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Janssen R&D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee and stock holder of Johnson & Johnson

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Chien reports personal fees from Janssen R&D, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sunho	2. Surname (Last Name) Park	3. Date 24-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nima Sharifi
5. Manuscript Title HSD3B1(1245A>C) Variant Regulates Dueling Effects of Abiraterone in Prostate Cancer		
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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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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Park has nothing to disclose.

Evaluation and Feedback

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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) Petros 2. Surname (Last Name) Grivas 3. Date 23-April-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Nima Sharifi

5. Manuscript Title
HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer

6. Manuscript Identifying Number (if you know it)
98319-JCI-RG-RV-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consulting (unrelated to this study); also participation in educational, unbranded, NOT product-related speaker's program (after providing direct input for slides content); also to Cleveland Clinic Foundation for clinical trial conduction (unrelated to this study)
Dendreon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting (unrelated to this study)

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consulting (unrelated to this study); also to Cleveland Clinic Foundation for clinical trial conduction (unrelated to this study)
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	to Cleveland Clinic Foundation for clinical trial conduction (unrelated to this study), consulting unrelated to this study
Mirati	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	to Cleveland Clinic Foundation for clinical trial conduction (unrelated to this study)
Oncogenex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cleveland Clinic Foundation for clinical trial conduction (unrelated to this study)
Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cleveland Clinic Foundation for clinical trial conduction (unrelated to this study)
Bristol-Myers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consulting unrelated to this study; also participation in educational, unbranded, NOT product-related speaker's program (after providing direct input for slides content); also to Cleveland Clinic Foundation for clinical trial conduction (unrelated to this study)
Exelixis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting unrelated to this study
Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consulting unrelated to this study; to Cleveland Clinic Foundation for clinical trial conduction (unrelated to this study)
Biocept	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting (unrelated to this study)
ClovisOncology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting (unrelated to this study)
EMD Serono	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting (unrelated to this study)
Seattle Genetics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting (unrelated to this study)
Foundation Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting (unrelated to this study)
Driver Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting (unrelated to this study)

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Dr. Grivas reports personal fees and other from Genentech , personal fees from Dendreon, personal fees and other from Bayer, personal fees and other from Merck, other from Mirati, other from Oncogenex, other from Pfizer, personal fees and other from Bristol-Myers Squibb, personal fees from Exelixis, personal fees and other from Astra Zeneca, personal fees from Biocept, personal fees from ClovisOncology, personal fees from EMD Serono , personal fees from Seattle Genetics, personal fees from Foundation Medicine, personal fees from Driver Inc., outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Vadim

2. Surname (Last Name)

Koshkin

3. Date

23-April-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Koshkin has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Nima

2. Surname (Last Name)
Almassi

3. Date
23-April-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name

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Dr. Almassi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Prateek

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Mendiratta

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4. Are you the corresponding author? Yes No Corresponding Author's Name

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jennifer	2. Surname (Last Name) Taylor	3. Date 23-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nima Sharifi
5. Manuscript Title HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer		
6. Manuscript Identifying Number (if you know it) 98319-JCI-RG-RV-2		

Section 2. The Work Under Consideration for Publication

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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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Taylor has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sunil	2. Surname (Last Name) Upadhyay	3. Date 23-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nima Sharifi
5. Manuscript Title HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer		
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Dr. Upadhyay 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) Cody	2. Surname (Last Name) Peer	3. Date 23-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sharifi
5. Manuscript Title HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer		
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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Brian	2. Surname (Last Name) Rini	3. Date 23-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer (our reference 98319-JCI-RG-RV-2)		
6. Manuscript Identifying Number (if you know it) _____		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Berk	3. Date 23-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nima Sharifi, MD
5. Manuscript Title HSD3B1(1245A>C) Variant Regulates Dueling Abiraterone Metabolite Effects in Prostate Cancer		
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