

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.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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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)
Mohit

2. Surname (Last Name)
Khera

3. Date
18-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Penile vascular abnormalities in young men with persistent side effects after finasteride use for the treatment of androgenic alopecia

6. Manuscript Identifying Number (if you know it)
TAU-19-778

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
Post Finasteride Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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
Boston Scientific	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coloplast	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endo Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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 6. Disclosure Statement

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Dr. Khara reports grants from Post Finasteride Foundation, during the conduct of the study; personal fees from Boston Scientific, personal fees from Coloplast, personal fees from Endo Pharmaceuticals, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Than	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mohit Khera
5. Manuscript Title Penile vascular abnormalities in young men with persistent side effects after finasteride use for the treatment of androgenic alopecia		
6. Manuscript Identifying Number (if you know it) TAU-19-778		

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Dr. Than 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) James	2. Surname (Last Name) Anaissie	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mohit Khera
5. Manuscript Title Penile vascular abnormalities in young men with persistent side effects after finasteride use for the treatment of androgenic alopecia		
6. Manuscript Identifying Number (if you know it) TAU-19-778		

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Dr. Anaissie 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) Ali	2. Surname (Last Name) Antar	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mohit Khera
5. Manuscript Title Penile vascular abnormalities in young men with persistent side effects after finasteride use for the treatment of androgenic alopecia		
6. Manuscript Identifying Number (if you know it) TAU-19-778		

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1. Given Name (First Name) Weitao	2. Surname (Last Name) Song	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mohit Khera
5. Manuscript Title Penile vascular abnormalities in young men with persistent side effects after finasteride use for the treatment of androgenic alopecia		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Boriss

2. Surname (Last Name)
Losso

3. Date
20-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Penile vascular abnormalities in young men with persistent side effects after finasteride use for the treatment of androgenic alopecia

6. Manuscript Identifying Number (if you know it)

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

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Dr. Losso has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alexander

2. Surname (Last Name)
Pastuszak

3. Date
18-March-2020

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

5. Manuscript Title
Penile vascular abnormalities in young men with persistent side effects after finasteride use for the treatment of androgenic alopecia

6. Manuscript Identifying Number (if you know it)
TAU-19-778

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

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Endo Pharmaceuticals – advisor, speaker, research support, fellowship support
Bayer AG – speaker
Antares Pharmaceuticals – advisor
Woven Health – founder and leadership role
Vault Health – leadership role
Allotrope Medical – advisor
Inherent Biosciences - advisor

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Dr. Pastuszak reports and Endo Pharmaceuticals – advisor, speaker, research support, fellowship support
Bayer AG – speaker
Antares Pharmaceuticals – advisor
Woven Health – founder and leadership role
Vault Health – leadership role
Allotrope Medical – advisor
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Taylor	2. Surname (Last Name) Kohn	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mohit Khera
5. Manuscript Title Penile vascular abnormalities in young men with persistent side effects after finasteride use for the treatment of androgenic alopecia		
6. Manuscript Identifying Number (if you know it) TAU-19-778		

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

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Dr. Kohn 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) Jorge	2. Surname (Last Name) Rivera Mirabal	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mohit Khera
5. Manuscript Title Penile vascular abnormalities in young men with persistent side effects after finasteride use for the treatment of androgenic alopecia		
6. Manuscript Identifying Number (if you know it)		

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Dr. Rivera Mirabal has nothing to disclose.

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