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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2. **The work under consideration for publication.**

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3. **Relevant financial activities outside the submitted work.**

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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

**Pending:** The patent has been filed but not issued

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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  | [ ]    | [ ]            | [ ]                    | [ ]    |          |

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?  
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If yes, please fill out the appropriate information below.

| Name of Entity            | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------------|--------|----------------|------------------------|--------|----------|
| Boston Scientific         | [ ]    | [ ]            | [ ]                    | [ ]    |          |
| Coloplast                 | [ ]    | [ ]            | [ ]                    | [ ]    |          |
| Endo Pharmaceuticals      | [ ]    | [ ]            | [ ]                    | [ ]    |          |
ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Khera 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; .

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)  
   Jeffrey

2. Surname (Last Name)  
   Than

3. Date  
   18-March-2020

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] 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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## Section 2. The Work Under Consideration for Publication

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   - [x] No

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Dr. Than has nothing to disclose.

Evaluation and Feedback

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**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?**
   - [ ] Yes
   - [x] 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**

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.)?

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- [x] No

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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  
- [x] No
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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? ☑ Yes ☐ 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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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

Antar
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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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Dr. Antar has nothing to disclose.

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Song
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Weitao

2. Surname (Last Name)  
   Song

3. Date  
   19-March-2020

4. Are you the corresponding author?  
   Yes  
   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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Are there any relevant conflicts of interest?  
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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

**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) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| Boriss                    | Losso                  | 20-March-2020 |

4. Are you the corresponding author?  
- [ ] Yes  
- [x] 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

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  
- [x] No

## Section 3. Relevant financial activities outside the submitted work.

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- [ ] Yes  
- [x] No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- [ ] Yes  
- [x] 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. Losso 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)  
   Alexander

2. Surname (Last Name)  
   Pastuszak

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

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☐ No other relationships/conditions/circumstances that present a potential conflict of interest

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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Section 6. Disclosure Statement

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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
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## 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?  
   ✅ Yes  
   ❌ No  
5. Corresponding Author’s Name  
   Mohit Khera  
6. Manuscript Title  
   Penile vascular abnormalities in young men with persistent side effects after finasteride use for the treatment of androgenic alopecia  
7. Manuscript Identifying Number (if you know it)  
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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?  Yes  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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