Date: <u>17/1/23</u>	
Your Name:	Bodie Chislett
Manuscript Title	e: 5 Alpha Reductase inhibitors use in Prostatic Disease and beyond
Manuscrint nun	pher (if known): TALL-22-690

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	XNone		
	meetings and/or travel			
8	Patents planned, issued or pending	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
10	Advisory Board	V N		
10	Leadership or fiduciary role in other board, society,	XNone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
12	services	V Nava		
13	Other financial or non- financial interests	XNone		
	maneral meereses			
5 '				
riea	Please summarize the above conflict of interest in the following box:			
N	None.			

Please place an "X" next to the following statement to indicate your agreement:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>11/12/2022</u>
Your Name: David Chen
Manuscript Title: 5-Alpha Reductase Inhibitors use in prostatic disease and beyond
Manuscrint number (if known): TAU-22-690

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descript of anythment	News	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 4/2/23	
Your Name: _	Marlon Perera
Manuscript Ti	itle: 5 Alpha Reductase inhibitors use in Prostatic Disease and beyond
Manuscrint n	umber (if known):

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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.	x_None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Australian Fulbright Commission	36 months Kinghorn Foundation
4	Royalties or licenses Consulting fees	_xNone	

5	Payment or honoraria for	xNone
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	xNone
	testimony	
	,	
7	Command for all and in a	Name
7	Support for attending	xNone
	meetings and/or travel	
8	Patents planned, issued or	x None
	pending	
	P	
•	5 5 .	
9	Participation on a Data	xNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	x None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	xNone
12	Descipt of equipment	v. None
12	Receipt of equipment,	xNone
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	x None
	financial interests	
	inialiciai iliterests	

Please summarize the above conflict of interest in the following box:

Marlon Perera reports that he has received the Australiasian Fulbright Commission Scholarship through the
Kinghorn Foundation.

Please place an "X" next to the following statement to indicate your agreement:

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>17/1/23</u>	
Your Name:	Eric Chung
Manuscript Title	e: 5 Alpha Reductase inhibitors use in Prostatic Disease and beyond
Manuscrint nun	pher (if known): TALL-22-690

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	XNone		
	meetings and/or travel			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role		TAU editorial Board Member	
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	V None		
11	Stock or stock options	XNone		
12	Receipt of equipment,	X None		
12	materials, drugs, medical	XNone		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
	ase summarize the above co			
Т	he author currently serving on t	the Editorial Board of Transla	tional Andrology and Urology.	

Please place an "X" next to the following statement to indicate your agreement:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: De	cember 9 2022
Your Nam	ne: Damien Bolton
Manuscri	pt Title: 5-Alpha Reductase Inhibitors use in prostatic disease and beyond
Manuscri	nt number (if known): TALL-22-690

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1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
7	Cuppert for attending	None	
/	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	N. s. s. s	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	·		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	Nene	
13	financial interests	None	
	Tillancial interests		
Plea	ase summarize the above co	nflict of interest in the fo	llowing box:
N	lone.		

Please place an "X" next to the following statement to indicate your agreement:

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 10/12/2022
Your Name: LIANG QU
Manuscript Title: 5-Alpha Reductase Inhibitors use in prostatic disease and beyond
Manuscript number (if known): TAU-22-690

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
О	testimony	None	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	<u> </u>	
	meetings and/or traver		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	· ·	
11	Stock or stock options	X None	
12	Descipt of annique set	X None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

Please summarize the above conflict of interest in the following box:

No conflicts of interest to declare

Please place an "X" next to the following statement to indicate your agreement:

Y I certify that I have answered every question and have not altered the wording of any of the questions on this form.