| Date: | Septem | ıber 6 th , 2022 |
|-----------------|------------|--|
| Your Nar | ne: | Shangyang Christopher Yang |
| Manuscr | ipt Title: | Restorative therapies for erectile dysfunction: the influence of direct-to-consumer marketing or |
| patient i | nterest | _ |
| Manuscr | ipt numb | per (if known): N/A |

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 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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| | | Time traine. Since the lintial | 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 meetings and/or travel | XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | 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 | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
| Ple | ease summarize the above co | onflict of interest in the fo | llowing box: |
| | None. | | |
| | | | |

| Date: _ | Septem | nber 6 th , 2022 | | | | | | |
|---------|--------------|-----------------------------|---------------------|------------------|----------------|---------------|------------|--------------|
| Your N | lame: | James W Weinl | oerger | | | | | |
| Manus | cript Title: | Restorative the | rapies for erectile | e dysfunction: t | he influence o | of direct-to- | consumer r | marketing or |
| patien | t interest | _ | | | | | | |
| Manus | cript numl | oer (if known): _ | N/A | | | | | |

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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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| | | | |
| 1 | All support for the present | XNone | |
| | 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 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 meetings and/or travel | XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | 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 | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
| Ple | ease summarize the above co | onflict of interest in the fo | llowing box: |
| | None. | | |
| | | | |

| Date: | Septem | ber 6 th , 2022 |
|-----------------|------------|--|
| Your Nar | me: | Robert H Shahinyan |
| Manuscr | ipt Title: | Restorative therapies for erectile dysfunction: the influence of direct-to-consumer marketing or |
| patient i | nterest | |
| Manuscr | ipt numb | per (if known): N/A |

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| | | 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). | X_None | |
| 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 meetings and/or travel | XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | 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 | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
| Ple | ease summarize the above co | onflict of interest in the fo | llowing box: |
| | None. | | |
| | | | |

| Date: | Septem | nber 6 th , 2022 |
|-----------|------------|--|
| Your Na | me: | Gary K Shahinyan |
| Manuscr | ipt Title: | Restorative therapies for erectile dysfunction: the influence of direct-to-consumer marketing or |
| patient i | nterest | <u>-</u> |
| Manuscr | ipt numl | per (if known): N/A |

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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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 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 meetings and/or travel | XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | 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 | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
| Ple | ease summarize the above co | onflict of interest in the fo | llowing box: |
| | None. | | |
| | | | |

| Date: | Septem | ber 6 th , 2022 | | |
|------------|------------|----------------------------|--|---------------------------------|
| Your Nar | ne: | Jesse N Mills | | |
| Manuscr | ipt Title: | Restorative t | therapies for erectile dysfunction: the influence of | direct-to-consumer marketing or |
| patient ii | nterest | _ | | |
| Manuscr | ipt numb | er (if known |): <u>N/A</u> | |

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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. | 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 | X_None | |
| 4 | Consulting fees | X_ Antares Pharma, | |

| | | Boston Scientific, and Endo Pharmaceuticals _ | |
|----|--|--|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X_ Antares Pharma, Boston Scientific, and Endo Pharmaceuticals _ | |
| 6 | Payment for expert testimony | XNone | |
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None | |
| 13 | Other financial or non- financial interests | XNone | |

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

Dr. Jesse N Mills receives consulting fees from Antares Pharma, Boston Scientific, and Endo Pharmaceuticals. There was no funding acquired or related to the publication of this original article.

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

| Date: | Septem | ber 6 th , 2022 |
|-----------------|------------|--|
| Your Nar | me: | Sriram W Eleswarapu |
| Manuscr | ipt Title: | Restorative therapies for erectile dysfunction: the influence of direct-to-consumer marketing or |
| patient i | nterest | |
| Manuscr | ipt numb | per (if known): N/A |

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|---|---|---|---|
| | | | |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | No time infilt for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |

| Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or flduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Patents planned, issued or pending X None Y None To the financial or non-financial interests Please summarize the above conflict of interest in the following box: None. | | | | |
|---|-----|-----------------------------|-------------------------------|--------------|
| lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fluctary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | | | |
| speakers bureaus, manuscript writing or educational events 6 | 5 | - | XNone | |
| manuscript writing or educational events 6 | | • | | |
| educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | | | |
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| testimony Support for attending meetings and/or travel | | | | |
| 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | 6 | | XNone | |
| meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | testimony | | |
| meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | | | |
| pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options X_None X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box: | 7 | | XNone | |
| pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options X_None X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box: | | | | |
| pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options X_None X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box: | | | | |
| 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | 8 | | XNone | |
| Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | pending | | |
| Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | | | |
| Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options X_None X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | 9 | - | XNone | |
| 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | | | |
| in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options X_None | | | | |
| committee or advocacy group, paid or unpaid 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | 10 | | XNone | |
| group, paid or unpaid 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | | | |
| 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | | | |
| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box: | | | | |
| materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box: | 11 | Stock or stock options | XNone | |
| materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box: | | | | |
| materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box: | | | | |
| writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | 12 | | X_None | |
| Services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | | | |
| Other financial or non-financial interests X_None Please summarize the above conflict of interest in the following box: | | | | |
| Please summarize the above conflict of interest in the following box: | | services | | |
| Please summarize the above conflict of interest in the following box: | 13 | Other financial or non- | XNone | |
| _ | | | | |
| _ | | | | |
| None. | Ple | ease summarize the above co | onflict of interest in the fo | llowing box: |
| | | None. | | |
| | | | | |