ICMJE DISCLOSURE FORM

Date:_4/19/2023	
Your Name:Prajit Khooblall	
Manuscript Title: Editorial Invitation for "Comparison of satisfaction with penile prosthesis implantation in patie	nts
with prostate cancer radiation therapy versus radical	
prostatectomy"	
Manuscript number (if known):	

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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	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	

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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	None	
	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	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non- financial interests	None	
Plea	ase summarize the above co	nflict of interest in the f	following hox:
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___X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

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Date:_4/19/2023
Your Name:Raevti Bole
Manuscript Title: Editorial Invitation for "Comparison of satisfaction with penile prosthesis implantation in patien
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prostatectomy"
Manuscript number (if known):

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	committee or advocacy			
11	group, paid or unpaid Stock or stock options	None		
11	Stock of Stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
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Date:_4/19/2023	
Your Name:Petar Bajic	
Manuscript Title: Editorial Invitation for "Comparison of satisfaction with penile prosthesis implantation in patien	ıts
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Manuscript number (if known):	

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Please place an "X" next to the following statement to indicate your agreement:	None				
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