Date:	10/31/23_	
Your I	Name: Jacob Good	
Manu	script Title:	Inflatable Penile Prosthesis Placement in Peyronie's Disease: A review of
surgi	cal consideration	s, approaches, and maneuvers.
Manu	script number (if kno	own): TAU-23-180-R1

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)  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 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).	Time frame: pastxNone	36 months
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	x None	
	testimony		
	-		
7	Support for attending meetings and/or travel	xNone	
	<u>.</u>		
8	Patents planned, issued or	x_None	
	pending		
0	Double in the part of Date	v. None	
9	Participation on a Data Safety Monitoring Board or	xNone	
	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	x_None	
40			
12	Receipt of equipment, materials, drugs, medical	x_None	
	writing, gifts or other		
	services		
13	Other financial or non-	x None	
	financial interests		
Г	ease summarize the above c		llowing box:
- 1			

\_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>11/1/2023</u>	
Your Name: <u>Nikos Crist</u>	
Manuscript Title:	Inflatable Penile Prosthesis Placement in Peyronie's Disease: A review of surgical
considerations, approaches	s, and maneuvers.
Manuscript number (if kno	wn): TAU-23-180-R1

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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).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
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	XNone	
	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	
12	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non- financial interests	X_None	
	ease summarize the above c		following box:

\_\_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> 11/1/2023</u>			
Your Name:	Brittney He	enderson		
Manuscript '	Title:	Inflatable Penile Prosthesis Placement in Peyronie's Disease: A review of surgical		
considerations, approaches, and maneuvers.				
Manuscript number (if known): TAU-23-180-R1				

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
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	XNone	
	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	
12	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non- financial interests	X_None	
	ease summarize the above c		following box:

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

Date:11/: Your Name:	
Manuscript Title:	Inflatable Penile Prosthesis Placement in Peyronie's Disease: A review of
surgical consid	erations, approaches, and maneuvers.
Manuscript numb	er (if known): TAU-23-180-R1
In the interest of	ransparency, 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)  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.	X_None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _X_None	36 months
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	_X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Consort for attending	V Nego	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
_			
9	Participation on a Data	X_None	
	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	_X_None	
	Stock of Stock options	_X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X_None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the	following box:

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

	ICIVIJE DISCI	OJORE FORIVI	
Date:11/1/2023			
Your Name:John Sencaj			
		sis Placement in Peyronie's Disease: A review of	
surgical considerations, a	pproaches, and mane	<u>uvers.</u>	
Manuscript number (if known)	:TAU-23-180-R1		
related to the content of your parties whose interests may be	manuscript. "Related" mea e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
The following questions apply manuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	
In item #1 below, report all sup the time frame for disclosure i		d in this manuscript without time limit. For all other items	5,
	Name all entities with	Specifications/Comments	
	whom you have this	(e.g., if payments were made to you or to your	
	relationship or indicate	institution)	
none (add rows as needed)			
	Time frame: Since the initia	planning of the work	
1 All support for the present	√ None	Sidming of the work	
manuscript (e.g., funding,			
provision of study materials,			

Time frame: past 36 months

√\_\_None

√\_\_None

√\_\_None

medical writing, article processing charges, etc.)

No time limit for this item.

Grants or contracts from any entity (if not indicated

in item #1 above).

Consulting fees

Royalties or licenses

2

3

4

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	√None	
	meetings and/or travel		
-			
8	Patents planned, issued or	√None	
	pending		
		,	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
40			
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		
	services		
13	Other financial or non-	√None	
	financial interests		
ы.		(1)	L. C. L.
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:

\_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>11/1/2023</u>	
Your Nam	e:Helen L. Berr	nie
Manuscri	pt Title: <u>I</u>	nflatable Penile Prosthesis Placement in Peyronie's Disease: A review of surgical
considera	tions, approaches,	and maneuvers.
Manuscri	ot number (if know	vn): TAU-23-180-R1

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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)
	AH	Time frame: Since the initial	planning of the work
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.		
		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	Boston Scientific	Payments made to me and my institution
		Coloplast	Payments made to me
		BK Ultrasound	Payments made to me

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	x_None	
	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	
10			
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:

I am a consultant for Boston scientific, Coloplast and BK Ultrasound. None of these entities played any role in our paper.

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