

ICMJE DISCLOSURE FORM

Date: 17/3/24

Your Name: Kirby Qin

Manuscript Title: Could menopause drug fezolinetant show promise for vasomotor symptoms associated with androgen deprivation therapy?

Manuscript number (if known): TAU-24-12

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 current manuscript only.

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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			
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2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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

The author has no conflicts of interest to declare.

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Your Name: Eveline Mertens

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Date: 17/3/24

Your Name: Jake Tempo

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Date: 17/3/24

Your Name: Marlon Perera

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Your Name: Janelle Brennan

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