

ICMJE DISCLOSURE FORM

Date: 03-04-2021

Your Name: Altieri Vincenzo Maria

Manuscript Title: Clinical and penile Doppler outcomes using a modified, tourniquet free, Nesbit plication for severe Peyronie's disease.

Manuscript number (if known): TAU-20-1338-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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	No payment was made for the realization of this study	No payment was made for the realization of this study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	There were no Grants or contracts of any entity to this study.	None
3	Royalties or licenses	None	None

4	Consulting fees	There are no consultancy fees for this study	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	No payments or fees for lectures, presentations, speakers, manuscript writing or educational events	None
6	Payment for expert testimony	No Payment for expert testimony	None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non-financial interests	None	None

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

The other authors have no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

Date: 03-04-2021

Your Name: Francesco Greco

Manuscript Title: Clinical and penile Doppler outcomes using a modified, tourniquet free, Nesbit plication for severe Peyronie’s disease.

Manuscript number (if known): TAU-20-1338-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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	No payment was made for the realization of this study	No payment was made for the realization of this study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	There were no Grants or contracts of any entity to this study.	None
3	Royalties or licenses	None	None

4	Consulting fees	There are no consultancy fees for this study	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	No payments or fees for lectures, presentations, speakers, manuscript writing or educational events	None
6	Payment for expert testimony	No Payment for expert testimony	None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non-financial interests	None	None

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

The other authors have no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

Date: 03-04-2021

Your Name: Carmela Rocca Lisanti

Manuscript Title: Clinical and penile Doppler outcomes using a modified, tourniquet free, Nesbit plication for severe Peyronie’s disease.

Manuscript number (if known): TAU-20-1338-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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	No payment was made for the realization of this study	No payment was made for the realization of this study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	There were no Grants or contracts of any entity to this study.	None
3	Royalties or licenses	None	None

4	Consulting fees	There are no consultancy fees for this study	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	No payments or fees for lectures, presentations, speakers, manuscript writing or educational events	None
6	Payment for expert testimony	No Payment for expert testimony	None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non-financial interests	None	None

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

The other authors have no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

Date: 03-04-2021

Your Name: Barbara Altieri

Manuscript Title: Clinical and penile Doppler outcomes using a modified, tourniquet free, Nesbit plication for severe Peyronie's disease.

Manuscript number (if known): TAU-20-1338-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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	No payment was made for the realization of this study	No payment was made for the realization of this study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	There were no Grants or contracts of any entity to this study.	None
3	Royalties or licenses	None	None

4	Consulting fees	There are no consultancy fees for this study	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	No payments or fees for lectures, presentations, speakers, manuscript writing or educational events	None
6	Payment for expert testimony	No Payment for expert testimony	None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non-financial interests	None	None

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

The other authors have no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

Date: 03-04-2021

Your Name: Francesco Esperto

Manuscript Title: Clinical and penile Doppler outcomes using a modified, tourniquet free, Nesbit plication for severe Peyronie's disease.

Manuscript number (if known): TAU-20-1338-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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	No payment was made for the realization of this study	No payment was made for the realization of this study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	There were no Grants or contracts of any entity to this study.	None
3	Royalties or licenses	None	None

4	Consulting fees	There are no consultancy fees for this study	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	No payments or fees for lectures, presentations, speakers, manuscript writing or educational events	None
6	Payment for expert testimony	No Payment for expert testimony	None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non-financial interests	None	None

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

The other authors have no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

Date: 03-04-2021

Your Name: Luca Cindolo

Manuscript Title: Clinical and penile Doppler outcomes using a modified, tourniquet free, Nesbit plication for severe Peyronie’s disease.

Manuscript number (if known): TAU-20-1338-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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	No payment was made for the realization of this study	No payment was made for the realization of this study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	There were no Grants or contracts of any entity to this study.	None
3	Royalties or licenses	None	None

4	Consulting fees	There are no consultancy fees for this study	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	No payments or fees for lectures, presentations, speakers, manuscript writing or educational events	None
6	Payment for expert testimony	No Payment for expert testimony	None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non-financial interests	None	None

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

The other authors have no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

Date: 03-04-2021

Your Name: Roberto Castellucci

Manuscript Title: Clinical and penile Doppler outcomes using a modified, tourniquet free, Nesbit plication for severe Peyronie’s disease.

Manuscript number (if known): TAU-20-1338-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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	No payment was made for the realization of this study	No payment was made for the realization of this study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	There were no Grants or contracts of any entity to this study.	None
3	Royalties or licenses	None	None

4	Consulting fees	There are no consultancy fees for this study	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	No payments or fees for lectures, presentations, speakers, manuscript writing or educational events	None
6	Payment for expert testimony	No Payment for expert testimony	None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non-financial interests	None	None

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

The other authors have no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

Date: 03-04-2021

Your Name: Pier Andrea Della Camera

Manuscript Title: Clinical and penile Doppler outcomes using a modified, tourniquet free, Nesbit plication for severe Peyronie's disease.

Manuscript number (if known): TAU-20-1338-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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	No payment was made for the realization of this study	No payment was made for the realization of this study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	There were no Grants or contracts of any entity to this study.	None
3	Royalties or licenses	None	None

4	Consulting fees	There are no consultancy fees for this study	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	No payments or fees for lectures, presentations, speakers, manuscript writing or educational events	None
6	Payment for expert testimony	No Payment for expert testimony	None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non-financial interests	None	None

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

The other authors have no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

Date: 03-04-2021

Your Name: Massimo Sangiorgi

Manuscript Title: Clinical and penile Doppler outcomes using a modified, tourniquet free, Nesbit plication for severe Peyronie's disease.

Manuscript number (if known): TAU-20-1338-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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	No payment was made for the realization of this study	No payment was made for the realization of this study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	There were no Grants or contracts of any entity to this study.	None
3	Royalties or licenses	None	None

4	Consulting fees	There are no consultancy fees for this study	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	No payments or fees for lectures, presentations, speakers, manuscript writing or educational events	None
6	Payment for expert testimony	No Payment for expert testimony	None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non-financial interests	None	None

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

The other authors have no conflicts of interest to declare.

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.

ICMJE DISCLOSURE FORM

Date: 02-04-2021

Your Name: Vittore Verratti

Manuscript Title: Clinical and penile Doppler outcomes using a modified, tourniquet free, Nesbit plication for severe Peyronie’s disease.

Manuscript number (if known): TAU-20-1338-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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	No payment was made for the realization of this study	No payment was made for the realization of this study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	There were no Grants or contracts of any entity to this study.	None
3	Royalties or licenses	None	None

4	Consulting fees	There are no consultancy fees for this study	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	No payments or fees for lectures, presentations, speakers, manuscript writing or educational events	None
6	Payment for expert testimony	No Payment for expert testimony	None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non-financial interests	None	None

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

The other authors have no conflicts of interest to declare.

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.