

ICMJE DISCLOSURE FORM

Date: 7/30/2024

Your Name: Hannah E. Bergom

Manuscript Title: Androgen Production, Uptake, and Conversion (APUC) genes define prostate cancer patients with distinct clinical outcomes.

Manuscript Number (if known): 183158-INS-RG-TR-2

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 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								
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		ALGORITHMS FOR LINKING ACTIVITY NETWORKS AS CLINICAL INFORMATICS TOOL.	2022-073
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
			NA

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

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: 7/30/2024

Your Name: Ella Boytim

Manuscript Title: Androgen Production, Uptake, and Conversion (APUC) genes define prostate cancer patients with distinct clinical outcomes.

Manuscript Number (if known): 183158-INS-RG-TR-2

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ICMJE DISCLOSURE FORM

Date: 7/30/2024

Your Name: Sean McSweeney

Manuscript Title: Androgen Production, Uptake, and Conversion (APUC) genes define prostate cancer patients with distinct clinical outcomes.

Manuscript Number (if known): 183158-INS-RG-TR-2

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Date: 7/30/2024

Your Name: Negar Sadeghipour

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ICMJE DISCLOSURE FORM

Date: 7/30/2024

Your Name: Andrew Elliott

Manuscript Title: Androgen Production, Uptake, and Conversion (APUC) genes define prostate cancer patients with distinct clinical outcomes.

Manuscript Number (if known): 183158-INS-RG-TR-2

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Date: 7/30/2024

Your Name: Rachel Passow

Manuscript Title: Androgen Production, Uptake, and Conversion (APUC) genes define prostate cancer patients with distinct clinical outcomes.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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4	Consulting fees	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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Please place an "X" next to the following statement to indicate your agreement:

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: 7/30/2024

Your Name: Eamon Toye

Manuscript Title: Androgen Production, Uptake, and Conversion (APUC) genes define prostate cancer patients with distinct clinical outcomes.

Manuscript Number (if known): 183158-INS-RG-TR-2

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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ICMJE DISCLOSURE FORM

Date: 7/30/2024

Your Name: Xiuxiu Li

Manuscript Title: Androgen Production, Uptake, and Conversion (APUC) genes define prostate cancer patients with distinct clinical outcomes.

Manuscript Number (if known): 183158-INS-RG-TR-2

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ICMJE DISCLOSURE FORM

Date: 7/30/2024

Your Name: Pornlada Likasitwatanakul

Manuscript Title: Androgen Production, Uptake, and Conversion (APUC) genes define prostate cancer patients with distinct clinical outcomes.

Manuscript Number (if known): 183158-INS-RG-TR-2

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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: 7/30/2024

Your Name: Daniel M. Geynisman

Manuscript Title: Androgen Production, Uptake, and Conversion (APUC) genes define prostate cancer patients with distinct clinical outcomes.

Manuscript Number (if known): 183158-INS-RG-TR-2

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ICMJE DISCLOSURE FORM

Date: 7/30/2024

Your Name: Scott M Dehm

Manuscript Title: Androgen Production, Uptake, and Conversion (APUC) genes define prostate cancer patients with distinct clinical outcomes.

Manuscript Number (if known): 183158-INS-RG-TR-2

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ICMJE DISCLOSURE FORM

Date: 7/30/2024

Your Name: Susan Halabi

Manuscript Title: Androgen Production, Uptake, and Conversion (APUC) genes define prostate cancer patients with distinct clinical outcomes.

Manuscript Number (if known): 183158-INS-RG-TR-2

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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Please place an "X" next to the following statement to indicate your agreement:

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: 7/30/2024

Your Name: Nima Sharifi

Manuscript Title: Androgen Production, Uptake, and Conversion (APUC) genes define prostate cancer patients with distinct clinical outcomes.

Manuscript Number (if known): 183158-INS-RG-TR-2

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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ICMJE DISCLOSURE FORM

Date: 7/30/2024

Your Name: Emmanuel S. Antonarakis

Manuscript Title: Androgen Production, Uptake, and Conversion (APUC) genes define prostate cancer patients with distinct clinical outcomes.

Manuscript Number (if known): 183158-INS-RG-TR-2

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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ICMJE DISCLOSURE FORM

Date: 7/30/2024

Your Name: Charles J. Ryan

Manuscript Title: Androgen Production, Uptake, and Conversion (APUC) genes define prostate cancer patients with distinct clinical outcomes.

Manuscript Number (if known): 183158-INS-RG-TR-2

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ICMJE DISCLOSURE FORM

Date: 7/30/2024

Your Name: Justin Hwang

Manuscript Title: Androgen Production, Uptake, and Conversion (APUC) genes define prostate cancer patients with distinct clinical outcomes.

Manuscript Number (if known): 183158-INS-RG-TR-2

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		ALGORITHMS FOR LINKING ACTIVITY NETWORKS AS CLINICAL INFORMATICS TOOL.	2022-073
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
			NA

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

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