

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Zachary	2. Surname (Last Name) Richards	3. Date 22-November-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Larisa Nonn
5. Manuscript Title Prostatic Compensation of the Vitamin D Axis in African-American Men		
6. Manuscript Identifying Number (if you know it) 91054-INS-CMED-RV-3		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?     Yes     No

ADD

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?     Yes     No



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#### Generate Disclosure Statement

Mr. Richards has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Ken

2. Surname (Last Name)

Batai

3. Date

22-November-2016

4. Are you the corresponding author?

 Yes  No

Corresponding Author's Name

Larisa Nonn

5. Manuscript Title

Prostatic Compensation of the Vitamin D Axis in African-American Men

6. Manuscript Identifying Number (if you know it)

91054-INS-CMED-RV-3

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#### Generate Disclosure Statement

Dr. Batai has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ebony

2. Surname (Last Name)  
Shah

3. Date  
22-November-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Prostatic Compensation of the Vitamin D Axis in African-American Men

6. Manuscript Identifying Number (if you know it)  
91054-INS-CMED-RV-3

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Ebony Shah has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Rachael

2. Surname (Last Name)  
Farhat

3. Date  
22-November-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Zachary Richards

5. Manuscript Title  
Prostatic Compensation of the Vitamin D Axis in African-American Men

6. Manuscript Identifying Number (if you know it)  
91054-INS-CMED-RV-3

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#### Generate Disclosure Statement

Ms. Farhat has nothing to disclose.

### Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name) Andrew      2. Surname (Last Name) Makowski      3. Date 22-November-2016

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Dr. Larisa Nonn

5. Manuscript Title  
Prostatic Compensation of the Vitamin D Axis in African-American Men

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
University of Illinois at Chicago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Received payment for analytical services	X
<b>ADD</b>						

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Are there any relevant conflicts of interest?     Yes     No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
University of Illinois at Chicago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Received payment for analytical services	X
<b>ADD</b>						



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### Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Makowski is employed by Heartland Assays, LLC.

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### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Peter

2. Surname (Last Name)  
Gann

3. Date  
22-November-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Larisa Nonn

5. Manuscript Title  
Prostatic Compensation of the Vitamin D Axis in African-American Men

6. Manuscript Identifying Number (if you know it)  
91054-INS-CMED-RV-3

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

ADD

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Are there any relevant conflicts of interest?  Yes  No

ADD

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

#### Generate Disclosure Statement

Dr. Gann has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

### 1. Identifying information.

### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Rick	2. Surname (Last Name) Kittles	3. Date 23-November-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name L. Nonn
5. Manuscript Title Prostatic Compensation of the Vitamin D Axis in African-American Men		
6. Manuscript Identifying Number (if you know it) 91054-INS-CMED-RV-3		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?     Yes     No

**ADD**

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Are there any relevant conflicts of interest?     Yes     No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?     Yes     No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kittles has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)

Larisa

2. Surname (Last Name)

Nonn

3. Date

22-November-2016

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Prostatic Compensation of the Vitamin D Axis in African American men

6. Manuscript Identifying Number (if you know it)

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STROBE Statement—Checklist of items that should be included in reports of *cross-sectional studies*

	Item No	Recommendation
<b>Title and abstract</b>	1	(a) Indicate the study’s design with a commonly used term in the title or the abstract <b>[Within methods section of abstract page 2]</b> (b) Provide in the abstract an informative and balanced summary of what was done and what was found <b>[See results section of abstract page 2]</b>
<b>Introduction</b>		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported <b>[pages 3-5]</b>
Objectives	3	State specific objectives, including any prespecified hypotheses <b>[Introduction page 5]</b>
<b>Methods</b>		
Study design	4	Present key elements of study design early in the paper <b>[Abstract methods page 2, Figure 1B]</b>
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection <b>[page 16]</b>
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants <b>[page 16]</b>
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable <b>[Page 16, Table 1]</b>
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group <b>[pages 17-20]</b>
Bias	9	Describe any efforts to address potential sources of bias <b>[page 20, Figure S2]</b>
Study size	10	Explain how the study size was arrived at <b>[The study size (N=25 each AA and EA) was selected to identify AA versus EA differences with power 80% to detect &gt;0.81 differences between means by Wilcoxon test. For spearman correlations within each groups we have 80% power to detect significant rho2 of &gt;0.281 for N=25.]</b>
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why <b>[page 20]</b>
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding <b>[page 20]</b> (b) Describe any methods used to examine subgroups and interactions <b>[Page 7, Table 1, Figure S1]</b> (c) Explain how missing data were addressed <b>[NA]</b> (d) If applicable, describe analytical methods taking account of sampling strategy <b>[NA]</b> (e) Describe any sensitivity analyses <b>[NA]</b>
<b>Results</b>		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed <b>[Figure 1B]</b> (b) Give reasons for non-participation at each stage <b>[NA]</b> (c) Consider use of a flow diagram <b>[Figure 1B]</b>
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and

information on exposures and potential confounders [Table 1]

(b) Indicate number of participants with missing data for each variable of interest [Figure 1B]

Outcome data	15*	Report numbers of outcome events or summary measures [Figure 1B]
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included [NA] (b) Report category boundaries when continuous variables were categorized [NA] (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period [NA]
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses [Figure S1, S2]
<b>Discussion</b>		
Key results	18	Summarise key results with reference to study objectives [Page 11]
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias [Page 14]
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence [Page 14-15]
Generalisability	21	Discuss the generalisability (external validity) of the study results [page 14]
<b>Other information</b>		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based [Page 3]

\*Give information separately for exposed and unexposed groups.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at [www.strobe-statement.org](http://www.strobe-statement.org).