| Date: | 7/10/2024 |
|-------------------------------|--|
| Your Name: | Nima Sharifi |
| Manuscript Title: | Reversal of poor survival in men with metastatic prostate cancer and adrenal-permissive HSD3B1 inheritance |
| Manuscript Number (if known): | 183583-JCI-CMED-1 |

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.

| | | 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 | of the work |
| | 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. Grants or contracts from any entity (if not indicated in item #1 above). | NCI (R01CA172382, R01CA236780, R01CA261995, R01CA249279); DOD W81XWH-20-1-0137; Prostate Cancer Foundation Time frame: past 36 months None | Click the tab key to add additional rows. |
| 3 | Royalties or licenses | None None | |

| | | | pecifications/Comments (e.g., if payments were nade to you or to your institution) |
|----|--|-----------------|--|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | US 9,856,536B2] | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | [⊠] None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ■ 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 7/10/2024 |
|-------------------------------|--|
| Your Name: | Robert Diaz |
| Manuscript Title: | Reversal of poor survival in men with metastatic prostate cancer and adrenal-permissive HSD3B1 inheritance |
| Manuscript Number (if known): | 183583-JCI-CMED-1 |

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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| | | e all entities with whom you have this onship 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|---|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 11/7/2024 |
|-------------------------------|--|
| Your Name: | Hui-Ming Lin |
| Manuscript Title: | Reversal of poor survival in men with metastatic prostate cancer and adrenal-permissive HSD3B1 inheritance |
| Manuscript Number (if known): | 183583-JCI-CMED-1 |

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| | | e all entities with whom you have this onship 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|---|--|
| 4 | Consulting fees | None None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None Output Outp |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | Provisional patent Australian No. 2022902527 Prognostic Markers (plasma lipid prognostic signature in metastatic prostate cancer) |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
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| Date: | 7/10/2024 |
|-------------------------------|--|
| Your Name: | Evan Roberts |
| Manuscript Title: | Reversal of poor survival in men with metastatic prostate cancer and adrenal-permissive HSD3B1 inheritance |
| Manuscript Number (if known): | 183583-JCI-CMED-1 |

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| | | e all entities with whom you have this onship 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|---|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | - | t to the following statement to indicate your agreeme answered every question and have not altered the wo | |

| Date: | | 7/10/2024 | | | |
|---|---|---|---|---|--|
| Your Name: | | Lisa Horvath | Lisa Horvath | | |
| Manuscript Title: | | Reversal of poor survival in HSD3B1 inheritance | Reversal of poor survival in men with metastatic prostate cancer and adrenal-permissive HSD3B1 inheritance | | |
| Mai | nuscript Number (if k | own): _183583-JCI-CMED-1 | | | |
| In the interest of transparency, we ask you to disclose all relationships/activi content of your manuscript. "Related" means any relation with for-profit or affected by the content of the manuscript. Disclosure represents a commitmindicate a bias. If you are in doubt about whether to list a relationship/activi. The author's relationships/activities/interests should be defined broadly. Fo epidemiology of hypertension, you should declare all relationships with man that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript frame for disclosure is the past 36 months. | | ot. "Related" means any relation wi the manuscript. Disclosure represe in doubt about whether to list a rela /activities/interests should be defin sion, you should declare all relation intioned in the manuscript. | th for-profit or not-for-profit third parties whose interests may be nts a commitment to transparency and does not necessarily tionship/activity/interest, it is preferable that you do so. ed broadly. For example, if your manuscript pertains to the ships with manufacturers of antihypertensive medication, even if | | |
| | | Name all entities with whom you harelationship or indicate none (add r | · · · · · · · · · · · · · · · · · · · | 9 | |
| | | Time frame: Since th | e 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. | Astellas | Funds to my institution Click the tab key to add additional rows. | | |
| 1 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | Astellas | | | |
| 2 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | Astellas | Click the tab key to add additional rows. | | |

| | | 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 | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Astellas Amgen Janssen-Cilag | To my institution To my institution To my institution |
| 6 | Payment for expert testimony | ■ None | |
| 7 | Support for attending meetings and/or travel | MSD Bayer | To my institution |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | - | t to the following statement to indicate your agreeme answered every question and have not altered the wo | |

| Date: | 7/10/2024 |
|-------------------------------|--|
| Your Name: | Andrew Martin |
| Manuscript Title: | Reversal of poor survival in men with metastatic prostate cancer and adrenal-permissive HSD3B1 inheritance |
| Manuscript Number (if known): | 183583-JCI-CMED-1 |

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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 plannin | g 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. | None Time frame: past 36 mon | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | □ None | |
| 3 | Royalties or licenses | 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) |
|----|---|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | ⊠ None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | - | t to the following statement to indicate your agreeme answered every question and have not altered the wo | |

| Date: | 7/13/2024 |
|---------------------------------------|--|
| Your Name: | Martin R Stockler |
| Manuscript Title: | Reversal of poor survival in men with metastatic prostate cancer and adrenal-permissive HSD3B1 inheritance |
| Manuscript Number (if known): | 183583-JCI-CMED-1 |
| La tha interest of the consequence of | |

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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, | Cancer Australia Australian National Health and Medical Research Council | Grant to institution Grant to institution |
| | medical writing, article processing charges, etc.) No time limit for this item. | | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not | Time frame: past 36 mont | |
| | indicated in item | Astellas | Grant to institution |
| | #1 above). | Amgen | Grant to institution |
| | | Astra Zeneca | Grant to institution |
| | | Bionomics | Grant to institution |
| | | Bristol-Myers Squibb | Grant to institution |
| | | Celgene | Grant to institution |
| | | Medivation | Grant to institution |
| | | Merck Sharp & Dohme | Grant to institution |
| | | Pfizer | Grant to institution |
| | | Roche | Grant to institution |
| | | Sanofi | Grant to institution |
| | | Tilray | Grant to institution |

| | | 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) |
|----|--|--|---|
| 3 | Royalties or licenses | None None | |
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, | ⊠ 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) |
|------|---|--|---|
| | society, committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | ⊠ None | |
| Plea | 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. | | |

| Date: | 7/10/2024 |
|-------------------------------|--|
| Your Name: | Sonia Yip |
| Manuscript Title: | Reversal of poor survival in men with metastatic prostate cancer and adrenal-permissive HSD3B1 inheritance |
| Manuscript Number (if known): | 183583-JCI-CMED-1 |

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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 | 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. | Astellas - untied grant for conduct of ENZAMET trial, supply of study drug. NHMRC Program Grant to support NHMRC Clinical Trials Centre Time frame: past 36 months | Payment to University of Sydney Payment to University of Sydney Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ⊠ None | |
| 3 | Royalties or licenses | 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) |
|----|---|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea 🖂 | • | t to the following statement to indicate your agreeme answered every question and have not altered the wo | |

| Date: | 7/10/2024 |
|-------------------------------|--|
| Your Name: | Vinod V, Subhash |
| Manuscript Title: | Reversal of poor survival in men with metastatic prostate cancer and adrenal-permissive HSD3B1 inheritance |
| Manuscript Number (if known): | 183583-JCI-CMED-1 |

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| | | Time frame: Since the initial plannin | g of the work |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | □ None | |
| 3 | Royalties or licenses | 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) |
|----|---|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| 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. | | | |

| Date: | 7/10/2024 |
|-------------------------------|--|
| Your Name: | Neil Portman |
| Manuscript Title: | Reversal of poor survival in men with metastatic prostate cancer and adrenal-permissive HSD3B1 inheritance |
| Manuscript Number (if known): | 183583-JCI-CMED-1 |

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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) |
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| | | Time frame: Since the initial plannin | g of the work |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | □ None | |
| 3 | Royalties or licenses | None 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) |
|----|---|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | □ None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 7/10/2024 |
|-------------------------------|--|
| Your Name: | lan D Davis |
| Manuscript Title: | Reversal of poor survival in men with metastatic prostate cancer and adrenal-permissive HSD3B1 inheritance |
| Manuscript Number (if known): | 183583-JCI-CMED-1 |

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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| | | Time frame: Since the initial plannin | g 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. | None Time frame: past 36 mon | Click the tab key to add additional rows. |
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|----|---|---|--|
| 4 | Consulting fees | None Non | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | Member, AstraZeneca prostate cancer advisory board Member, Bayer darolutamide advisory board Member, Roche W30070 study steering committee Member, Xennials Therapeutics Safety Review Committee Member, Eisai RCC Virtual Advisory Board | Honorarium invoiced by and paid directly to ANZUP Cancer Trials Group with no pass through Honorarium invoiced by and paid directly to ANZUP Cancer Trials Group with no pass through Honorarium invoiced by and paid directly to ANZUP Cancer Trials Group with no pass through Honorarium invoiced by and paid directly to ANZUP Cancer Trials Group with no pass through Honorarium invoiced by and paid directly to ANZUP Cancer Trials Group with no pass through |
| 10 | Leadership or fiduciary role in other board, society, | □ None Director and Chair, ANZUP Cancer Trials Group | Unremunerated |

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|----------|---|---|---|--|
| | committee or advocacy group, paid or unpaid | | | |
| 11 | Stock or stock options | None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | Image: square of the square o | | |
| 13 | Other financial or non-financial interests | Monash University Eastern Health | Employment Employment | |
| Plea [⊠] | 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. | | | |

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ICMJE DISCLOSURE FORM

| Date: | 7/11/2024 |
|-------------------------------|--|
| Your Name: | Christopher Sweeney |
| Manuscript Title: | Reversal of poor survival in men with metastatic prostate cancer and adrenal-permissive HSD3B1 inheritance |
| Manuscript Number (if known): | 183583-JCI-CMED-1 |

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| | | | ies with whom you have this r 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. | None | | Click the tab key to add additional rows. |
| | | | Time frame: past 36 month | s |

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Bayer, Sanofi, Astellas/Pfizer, Dendreon, Janssen None | Institute Institute Institute Institute Institute Institute |
| 3 | licenses | | |
| 4 | Consulting fees | Bayer Astellas Janssen CellCentric PointBiopharma Pfizer Novartis Genentech/Roche BMS Lilly Hengrui Astra Zeneca | Personal |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | [⊠] None | |
| 7 | Support for attending meetings and/or travel | None 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) | |
|---|--|--|---|--|
| 8 | Patents planned, issued or pending | □ None | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | | |
| 11 | Stock or stock options | Advancell | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | | |
| 13 | Other financial or non-financial interests | None | | |
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