

ICMJE DISCLOSURE FORM

Date: 27/8/2021

Your Name: Channa Jayasena

Manuscript Title: Testosterone Effects and Safety in Men with Low Testosterone levels (TESTES): An individual participant data meta-analysis, qualitative synthesis and economic evaluation

Manuscript number (if known): 17/68/01

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.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Imperial Healthcare Partners (IHP)	PI on study commissioned by Besins healthcare to use NHS data from IHP (DISCOVER-NOW dataset) to investigate factors associated with testosterone prescribing in North-West London.

3	Royalties or licenses	None	
4	Consulting fees	Imperial Consultants Ltd	Payments to attend a single advisory board meeting held by Pi Healthcare in Nov 2019. No further involvement in this work.
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	
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:

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: _____ 27/8/2021 _____

Your Name: _____ Magaly Aceves-Martins _____

Manuscript Title: Testosterone Effects and Safety in Men with Low Testosterone levels (TESTES): An individual participant data meta-analysis, qualitative synthesis and economic evaluation

Manuscript number (if known): _____ 17/68/01 _____

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 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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	
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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical	<input checked="" type="checkbox"/> None	

	writing, gifts or other services		
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: _____ 27/8/2021 _____

Your Name: _____ Lorna Aucott _____

Manuscript Title: Testosterone Effects and Safety in Men with Low Testosterone levels (TESTES): An individual participant data meta-analysis, qualitative synthesis and economic evaluation

Manuscript number (if known): 17/68/01 _____

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Time frame: past 36 months			
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3	Royalties or licenses	___ None	
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	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical	___ None	

	writing, gifts or other services		
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 27/8/2021

Your Name: Siladitya Bhattacharya

Manuscript Title: Testosterone Effects and Safety in Men with Low Testosterone levels (TESTES): An individual participant data meta-analysis, qualitative synthesis and economic evaluation

Manuscript number (if known): 17/68/01

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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.	Effects and Safety of Testosterone in Men with Low Testosterone levels: an evidence synthesis and economic evaluation. The TESTES (Testosterone Effects and Safety) Consortium. Jayasena C, Bhattacharya S, Gillies K, Hernandez R, Aucott L, Quinton R, Wu F, Oliver N, Dhillon W. NIHR HTA (2018-20) £508,668	To the Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	Cambridge University Press	Royalties paid to self
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Speaker`s honorarium Obstetrical & Gynaecological Society of Singapore	Paid to the University of Aberdeen
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	Member of NHS Grampian	Payment received in the past - now paid to the University of Aberdeen
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	Oxford University Press	Honorarium as Editor in Chief, Human Reproduction Open

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ICMJE DISCLOSURE FORM

Date: 30 August 2021

Your Name: Miriam Brazzelli

Manuscript Title: Testosterone effects and safety in men with low testosterone levels (TESTES): An individual participant data meta-analysis, qualitative synthesis, and economic evaluation

Manuscript number (if known): 17/68/01

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: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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	
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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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: _____ 27/8/2021 _____

Your Name: _____ Moira Cruickshank _____

Manuscript Title: Testosterone Effects and Safety in Men with Low Testosterone levels (TESTES): An individual participant data meta-analysis, qualitative synthesis and economic evaluation

Manuscript number (if known): _ 17/68/01 _____

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: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
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	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical	___ None	

	writing, gifts or other services		
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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: _____ 27/8/2021 _____

Your Name: _____ Dr Katie Gillies _____

Manuscript Title: Testosterone Effects and Safety in Men with Low Testosterone levels (TESTES): An individual participant data meta-analysis, qualitative synthesis and economic evaluation

Manuscript number (if known): _____ 17/68/01 _____

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: past 36 months

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3	Royalties or licenses	___ None	
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	
11	Stock or stock options	___ None	
12		___ None	

	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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

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ICMJE DISCLOSURE FORM

Date: _____ 30/8/2021 _____

Your Name: __Dr Rodolfo Hernández_____

Manuscript Title: Testosterone Effects and Safety in Men with Low Testosterone levels (TESTES): An individual participant data meta-analysis, qualitative synthesis and economic evaluation

Manuscript number (if known): _____ 17/68/01 _____

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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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	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical	___ None	

	writing, gifts or other services		
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: _____ 27/8/2021 _____

Your Name: _____ Jemma Hudson _____

Manuscript Title: Testosterone Effects and Safety in Men with Low Testosterone levels (TESTES): An individual participant data meta-analysis, qualitative synthesis and economic evaluation

Manuscript number (if known): _____ 17/68/01 _____

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3	Royalties or licenses	___ None	
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	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical	___ None	

	writing, gifts or other services		
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: _____ 27/8/2021 _____

Your Name: _____ Professor Waljit Dhillon _____

Manuscript Title: Testosterone Effects and Safety in Men with Low Testosterone levels (TESTES): An individual participant data meta-analysis, qualitative synthesis and economic evaluation

Manuscript number (if known): _____ 17/68/01 _____

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3	Royalties or licenses	___ None	
4	Consulting fees	__Imperial Consultants Ltd	Payments to attend a single advisory board meeting held by Pi Healthcare in Nov 2019. No further involvement in this work.
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	
11	Stock or stock options	___ None	

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

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ICMJE DISCLOSURE FORM

Date: _____ 30/8/2021 _____

Your Name: Charlotte Kennedy

Manuscript Title: Testosterone Effects and Safety in Men with Low Testosterone levels (TESTES): An individual participant data meta-analysis, qualitative synthesis and economic evaluation

Manuscript number (if known): _____ 17/68/01 _____

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	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
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6	Payment for expert testimony	___ None	
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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	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13		___ None	

Other financial or non-financial interests		

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ICMJE DISCLOSURE FORM

Date: _____ 27/8/2021 _____

Your Name: _____ Paul Manson _____

Manuscript Title: Testosterone Effects and Safety in Men with Low Testosterone levels (TESTES): An individual participant data meta-analysis, qualitative synthesis and economic evaluation

Manuscript number (if known): _____ 17/68/01 _____

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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	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
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	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical	___ None	

	writing, gifts or other services		
13	Other financial or non-financial interests	<input type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: _____ 27/8/2021 _____

Your Name: _____ Nick Oliver _____

Manuscript Title: Testosterone Effects and Safety in Men with Low Testosterone levels (TESTES): An individual participant data meta-analysis, qualitative synthesis and economic evaluation

Manuscript number (if known): _____ 17/68/01 _____

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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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.

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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	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical	___ None	

	writing, gifts or other services		
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: _____ 27/8/2021 _____

Your Name: _____ Dr Richard Quinton _____

Manuscript Title: Testosterone Effects and Safety in Men with Low Testosterone levels (TESTES): An individual participant data meta-analysis, qualitative synthesis and economic evaluation

Manuscript number (if known): _____ 17/68/01 _____

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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ Bayer UK	2x £500 personal payments as speaker honoraria in 2019
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ Bayer UK	Attend International Congress of Endocrinology, Capetown, December 2018
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	___ None	
12	Receipt of equipment, materials, drugs, medical	___ None	

	writing, gifts or other services		
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: _____ 27/8/2021 _____

Your Name: _____ Frederick Wu _____

Manuscript Title: Testosterone Effects and Safety in Men with Low Testosterone levels (TESTES): An individual participant data meta-analysis, qualitative synthesis and economic evaluation

Manuscript number (if known): _____ 17/68/01 _____

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