

Amir Qaseem

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Are you the corresponding author?**

Yes.

2. **What is the Manuscript Title?**

Don't know

3. **What is the Manuscript Identifying Number (if you know it)?**

4. **For each financial interest, you must indicate whether the interest or relationship represents:**

- Support of the submitted work at any time, from the initial conception and planning to the present;
- A relevant financial activity outside the submitted work that was present in the past 36 months; or
- A relationship or activity not covered above.

5. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**

No.

6. **Have you disclosed in the previous steps all relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**

Yes.

Certification

I certify that the information provided in this disclosure is complete and accurate, and I acknowledge that this disclosure form will be published by *Annals of Internal Medicine*.

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

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Additional Information:

1. **Are you the corresponding author?**

No.

2. **What is the Manuscript Title?**

Testosterone Treatment in Adult Men with Age-Related Hypogonadism: A Clinical Practice Guideline from the American College of Physicians

3. **What is the Manuscript Identifying Number (if you know it)?**

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Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

Entity	Type	Interest Held By
Washington state Medical Association	Fiduciary Officer	Self

Additional Information:

1. **Are you the corresponding author?**

No.

2. **What is the Manuscript Title?**

Testosterone Treatment in Adult Men with Age-Related Hypogonadism: A Clinical Practice Guideline from the American College of Physicians

3. **What is the Manuscript Identifying Number (if you know it)?**

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- o A relationship or activity not covered above.

a. **Washington state Medical Association**

i. **Which of the three apply to this relationship or activity?**

Relevant financial activity outside the submitted work (present during the past 36 months)

ii. **Comments (Optional):**

5. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**

No.

6. **Have you disclosed in the previous steps all relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**

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Devan Kansagara

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

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Additional Information:

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No.

2. **What is the Manuscript Title?**

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Certification

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Janice Tufte

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

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Additional Information:

1. **Are you the corresponding author?**

Yes.

2. **What is the Manuscript Title?**

Annals of Internal Medicine

3. **What is the Manuscript Identifying Number (if you know it)?**

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Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

Entity	Type	Interest Held By
Kaiser Permanente	Employment	Self

Additional Information:

1. **Are you the corresponding author?**

No.

2. **What is the Manuscript Title?**

Treatment in Adult Men with Age-Related Hypogonadism: A Clinical Practice Guideline from the American College of Physicians

3. **What is the Manuscript Identifying Number (if you know it)?**

don't know

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- o Support of the submitted work at any time, from the initial conception and planning to the present;
- o A relevant financial activity outside the submitted work that was present in the past 36 months; or
- o A relationship or activity not covered above.

a. **Kaiser Permanente**i. **Which of the three apply to this relationship or activity?**

Relevant financial activity outside the submitted work (present during the past 36 months)

ii. **Comments (Optional):**

staff physician in primary care with NW Permanente

5. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**

No.

6. **Have you disclosed in the previous steps all relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**

Yes.

Certification

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Lauri Hicks

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Are you the corresponding author?**

No.

2. **What is the Manuscript Title?**

NA

3. **What is the Manuscript Identifying Number (if you know it)?**

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Certification

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Mary Forcica

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

Entity	Type	Interest Held By
Center for Medicare Services	Grant / Contract	Self
National Board of Medical Examiners	Consultant	Self
Perelman School of Medicine, University of Pennsylvania	Employment	Spouse/Partner
Perelman School of Medicine, University of Pennsylvania	Employment	Self
The Ralston Center	Fiduciary Officer	Self
TIAA-CREF Institute	Stock	Self

Additional Information:

1. **Are you the corresponding author?**

No.

2. **What is the Manuscript Title?**

file disclosure

3. **What is the Manuscript Identifying Number (if you know it)?**

4. **For each financial interest, you must indicate whether the interest or relationship represents:**

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- o A relevant financial activity outside the submitted work that was present in the past 36 months; or
- o A relationship or activity not covered above.

a. **Center for Medicare Services**

i. **Which of the three apply to this relationship or activity?**

Relevant financial activity outside the submitted work (present during the past 36 months)

ii. **Comments (Optional):**

unrelated

b. **National Board of Medical Examiners**

i. **Which of the three apply to this relationship or activity?**

Relevant financial activity outside the submitted work (present during the past 36 months)

ii. **Comments (Optional):**

unrelated

c. **Perelman School of Medicine, University of Pennsylvania**

i. **Which of the three apply to this relationship or activity?**

Relevant financial activity outside the submitted work (present during the past 36 months)

ii. **Comments (Optional):**

Unrelated

d. **The Ralston Center**

i. **Which of the three apply to this relationship or activity?**

Relevant financial activity outside the submitted work (present during the past 36 months)

ii. **Comments (Optional):**

unrelated

e. **TIAA-CREF Institute**

i. **Which of the three apply to this relationship or activity?**

Relevant financial activity outside the submitted work (present during the past 36 months)

ii. **Comments (Optional):**

unrelated

5. **Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**

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Yes.

Certification

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Sandeep Vijan

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Are you the corresponding author?**

No.

2. **What is the Manuscript Title?**

Testosterone Treatment in Adult Men with Age-Related Hypogonadism: A Clinical Practice Guideline from the American College of Physicians

3. **What is the Manuscript Identifying Number (if you know it)?**

M19-0882

4. **For each financial interest, you must indicate whether the interest or relationship represents:**

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Yes.

Certification

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Reem Mustafa

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Are you the corresponding author?**

No.

2. **What is the Manuscript Title?**

Screening for Colorectal Cancer in Asymptomatic Average Risk Adults: A Guidance Statement from the American College of Physicians

3. **What is the Manuscript Identifying Number (if you know it)?**4. **For each financial interest, you must indicate whether the interest or relationship represents:**

- Support of the submitted work at any time, from the initial conception and planning to the present;
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No.

6. **Have you disclosed in the previous steps all relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**

Yes.

Certification

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ICMJE DISCLOSURE FORM

Date: Updated Jan 31 2023 for work e-published January 7 2020

Your Name: Reem Mustafa

Manuscript Title: Testosterone Treatment in Adult Men With Age-Related Low Testosterone: A Clinical Guideline From the American College of Physicians.

Manuscript Number (if known): _____

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								
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.	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">The work for this manuscript was funded by ACP but I did not receive any funding</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: right;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	The work for this manuscript was funded by ACP but I did not receive any funding				<small>Click the tab key to add additional rows.</small>	
The work for this manuscript was funded by ACP but I did not receive any funding								
<small>Click the tab key to add additional rows.</small>								
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">ASH</td> <td style="width: 40%; padding: 5px;">Conducting systematic reviews and methodological support for guideline development. This work is unrelated to this article.</td> </tr> <tr> <td style="padding: 5px;">ACR</td> <td style="padding: 5px;">Conducting systematic reviews. This work is unrelated to this article.</td> </tr> <tr> <td style="padding: 5px;">Boehringer Ingelheim</td> <td style="padding: 5px;">I was the site PI on the EMPA-kidney study which is subaward from the Duke Clinical Research Institute. The study received grant funds from Boehringer Ingelheim. The study involved an unrelated disease area. The grant funds went to the University of Kansas Medical Center Research institute which manages</td> </tr> </table>	ASH	Conducting systematic reviews and methodological support for guideline development. This work is unrelated to this article.	ACR	Conducting systematic reviews. This work is unrelated to this article.	Boehringer Ingelheim	I was the site PI on the EMPA-kidney study which is subaward from the Duke Clinical Research Institute. The study received grant funds from Boehringer Ingelheim. The study involved an unrelated disease area. The grant funds went to the University of Kansas Medical Center Research institute which manages
ASH	Conducting systematic reviews and methodological support for guideline development. This work is unrelated to this article.							
ACR	Conducting systematic reviews. This work is unrelated to this article.							
Boehringer Ingelheim	I was the site PI on the EMPA-kidney study which is subaward from the Duke Clinical Research Institute. The study received grant funds from Boehringer Ingelheim. The study involved an unrelated disease area. The grant funds went to the University of Kansas Medical Center Research institute which manages							

		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)
			grants for the University of Kansas Medical Center. My salary and compensations were not funded by this grant. This work is unrelated to this article.
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		WHO	Methodological support. This work is unrelated to this article.
		Evidence foundation	Methodological support. This work is unrelated to this article.
		AGA	Evidence reviews and methodological support. This work is unrelated to this article.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Evidence foundation	Honoraria for teaching. This work is unrelated to this article.
		ICER	Honoraria for public meetings. This work is unrelated to this article.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Boehringer Ingelheim	Travel to Duke Clinical Research Institute. This work is unrelated to this article.
8	Patents planned, issued or pending	<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)
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		The SURVENT trial- NIH	This work is unrelated to this article.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Evidence Foundation- Board of Directors	This work is unrelated to this article.
		Medical Advisory Board- NKF	This work is unrelated to this article.
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 type="checkbox"/> None	
		Methods committee- KDIGO	This work is unrelated to this article.
		Clinical Guideline Committee-CSN	This work is unrelated to this article.
		Chair- ICER Midwest CEPAC	This work is unrelated to this article.

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.

Nick Fitterman

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Are you the corresponding author?**

No.

2. **What is the Manuscript Title?**

Testosterone Treatment in Adult Men with Age-Related Hypogonadism: A Clinical Practice Guideline from the American College of Physicians

3. **What is the Manuscript Identifying Number (if you know it)?**

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Yes.

Certification

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Robert McLean

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

Entity	Type	Interest Held By
Northeast Medical Group	Employment	Self

Additional Information:

- Are you the corresponding author?**
No.
- What is the Manuscript Title?**
Testosterone Treatment in Adult Men with Age-Related Hypogonadism: A Clinical Practice Guideline from the American College of Physicians
- What is the Manuscript Identifying Number (if you know it)?**
unknown
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 - A relevant financial activity outside the submitted work that was present in the past 36 months; or
 - A relationship or activity not covered above.
 - Northeast Medical Group**
 - Which of the three apply to this relationship or activity?**
Relevant financial activity outside the submitted work (present during the past 36 months)
 - Comments (Optional):**
employer
- Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**
No.
- Have you disclosed in the previous steps all relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?**
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Certification

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Michael Maroto

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

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Additional Information:

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Itziar Etxeandia-Ikobaltzeta

Disclosure Purpose: Annals of Internal Medicine

Summary of Financial Interests

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Additional Information:

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