

ICMJE DISCLOSURE FORM

Date: 4/16/2025

Your Name: Mikkel Fode

Manuscript Title: Regenerative Therapies for Male Sexual Dysfunction: A Review Article

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.

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Time frame: Since the initial planning of the work								
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Time frame: past 36 months								
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4	Consulting fees	☐ None <table border="1"> <tr><td>Viartis</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Viartis							
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None <table border="1"> <tr><td>Boston Scientific</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Boston Scientific							
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6	Payment for expert testimony	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ None <table border="1"> <tr><td>European Society for Sexual Medicine</td><td>President Elect</td></tr> <tr><td>Danish Urological Association</td><td>Chair of Andrology Group</td></tr> <tr><td>British Journal of Urology International</td><td>Section editor (past)</td></tr> <tr><td>European Urology</td><td>Associate editor (current)</td></tr> </table>		European Society for Sexual Medicine	President Elect	Danish Urological Association	Chair of Andrology Group	British Journal of Urology International	Section editor (past)	European Urology	Associate editor (current)
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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.