

ICMJE DISCLOSURE FORM

Date: 8/31/2025

Your Name: Sebastiaan van der Bent

Manuscript Title: The skincare routine: hype or hidden harm?

Manuscript Number (if known): D8776

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								
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 <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> 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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 258 1516 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="383 480 1516 651"> <tr> <td>Cosmetique Totale BV</td> <td>Payment for presentation 2024</td> </tr> <tr> <td>L'Oréal Paris</td> <td>Payment for presentation 2024</td> </tr> <tr> <td>Skinquip PMU conference</td> <td>Payment for presentation 2023</td> </tr> <tr> <td>Yevgenia PMU conference</td> <td>Payment for presentation 2024</td> </tr> <tr> <td>Dalton Medical laser symposium</td> <td>Payment for presentation 2024</td> </tr> </table>		Cosmetique Totale BV	Payment for presentation 2024	L'Oréal Paris	Payment for presentation 2024	Skinquip PMU conference	Payment for presentation 2023	Yevgenia PMU conference	Payment for presentation 2024	Dalton Medical laser symposium	Payment for presentation 2024
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 825 1516 926"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1041 1516 1142"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1260 1516 1360"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" data-bbox="383 1476 1516 1675"> <tr> <td>Leo Pharma</td> <td>One-time participation in an advisory meeting 2024</td> </tr> <tr> <td>Pfizer B.V.</td> <td>One-time participation in an advisory meeting 2023</td> </tr> <tr> <td>Janssen-Cilag (J&J)</td> <td>One-time participation in an advisory meeting 2025</td> </tr> </table>		Leo Pharma	One-time participation in an advisory meeting 2024	Pfizer B.V.	One-time participation in an advisory meeting 2023	Janssen-Cilag (J&J)	One-time participation in an advisory meeting 2025				
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" data-bbox="383 1764 1516 1896"> <tr> <td>Board member European Society of Tattoo and Pigment Research</td> <td>Unpaid</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Board member European Society of Tattoo and Pigment Research	Unpaid								
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 690 1516 791"> <tr> <td>M3 Global Research</td> <td>Survey honoraria 2023-2025</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		M3 Global Research	Survey honoraria 2023-2025				
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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.