

## ICMJE DISCLOSURE FORM

Date: 6<sup>th</sup> April 2022

Your Name: Charles Knowles

Manuscript Title: NEW CONCEPTS IN THE PATHOPHYSIOLOGY OF FECAL INCONTINENCE

Manuscript number (if known): ALES-2021-PFAD-06

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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	AMCA	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Medtronic Inc	In relation to sacral neuromodulation, which is relevant to this manuscript
6	Payment for expert testimony	X__None	
7	Support for attending meetings and/or travel	Medtronic	In relation to sacral neuromodulation, which is relevant to this manuscript
8	Patents planned, issued or pending	Amber Therapeutics Ltd	In relation to pudendal nerve stimulation, which is relevant to this manuscript
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	International Continence Society	Chair of ICI committee on surgery for faecal incontinence
		European Society of Coloproctology	Chair Research Committee
11	Stock or stock options	Amber Therapeutics Ltd	Founders shareholding
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Medtronic Inc	Research Funding: NIHR EME Subsonic study
13	Other financial or non-financial interests	__X__None	

**Please summarize the above conflict of interest in the following box:**

The author receives consulting fees from AMCA and has a shareholding in Amber Therapeutics Ltd. The payments and support from Medtronic are related to sacral neuromodulation, which is relevant to this manuscript. The patents from Amber Therapeutics Ltd are related to pudendal nerve stimulation, which is relevant to this manuscript. The author receives research funding from Medtronic Inc for NIHR EME Subsonic study. The author is the Chair of the International Continence Society ICI committee on surgery for faecal incontinence and the Chair of European Society of Coloproctology's Research Committee.

**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: 8<sup>th</sup> April 2022

Your Name: Phil Dinning

Manuscript Title: NEW CONCEPTS IN THE PATHOPHYSIOLOGY OF FECAL INCONTINENCE

Manuscript number (if known): ALES-2021-PFAD-06

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> 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 writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

No Conflicts of interest
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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.

## ICMJE DISCLOSURE FORM

Date: 25<sup>th</sup> April, 2022  
 Your Name: Dr S Mark Scott  
 Manuscript Title: NEW CONCEPTS IN THE PATHOPHYSIOLOGY OF FECAL INCONTINENCE  
 Manuscript number (if known): ALES-2021-PFAD-06

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<b>Time frame: past 36 months</b>			
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	Laborie Medical Technologies Corp	Received honoraria for teaching (providing lectures)
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 writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

The author has received honoraria from Laborie Medical Technologies Corp for teaching (providing lectures). However, my relationship with Laborie is unrelated to the content of the current manuscript.

**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: 4/8/2022

Your Name: Michael Swash

Manuscript Title: NEW CONCEPTS IN THE PATHOPHYSIOLOGY OF FECAL INCONTINENCE

Manuscript number (if known): ALES-2021-PFAD-06

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	Cytogenetics – for international discussions	Personal payment of consulting fee

		on amyotrophic lateral sclerosis in 2021	
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 writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

The author received consulting fee from Cytogenetics – for international discussions on amyotrophic lateral sclerosis in 2021.

**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: April 18<sup>th</sup> 2022

Your Name: Stefan De Wachter

Manuscript Title: NEW CONCEPTS IN THE PATHOPHYSIOLOGY OF FECAL INCONTINENCE

Manuscript number (if known): ALES-2021-PFAD-06

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X ___ None	
3	Royalties or licenses	___X___ None	
4	Consulting fees	___X___ 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 type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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None

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