| Date:  | 2023-07-20  |
|--------|---|
| Your I | Name: _Can Luo  |
|        | script Title: Surgical Treatments (Especially Middle Urethral Suspension) for Female Stress Urinary Incontinence<br>A Literature Review |
| Manıı  | script number (if known): GPM-26-R3   |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                               | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------|---|---|
|   | I                             |   | planning of the work  |
| 1 | All support for the present   | XNone   |   |
|   | manuscript (e.g., funding,    |   |   |
|   | provision of study materials, |   |   |
|   | medical writing, article      |   |   |
|   | processing charges, etc.)     |   |   |
|   | No time limit for this item.  |   |   |
|   |                               |   |   |
|   |                               |   |   |
|   |                               | Time frame: past  | 36 months   |
| 2 | Grants or contracts from      | _XNone  |   |
|   | any entity (if not indicated  |   |   |
|   | in item #1 above).            |   |   |
| 3 | Royalties or licenses         | X None  |   |
|   |                               |   |   |
|   |                               |   |   |
| 4 | Consulting fees               | _XNone  |   |

| 5   | Payment or honoraria for                        | _XNone                                    |
|-----|---|---|
|     | lectures, presentations,                        |   |
|     | speakers bureaus,                               |   |
|     | manuscript writing or educational events        |   |
| 6   | Payment for expert                              | X None                                    |
|     | testimony                                       |   |
|     |   |   |
| 7   | Support for attending                           | _XNone                                    |
|     | meetings and/or travel                          |   |
|     |   |   |
|     |   |   |
| 8   | Patents planned, issued or                      | _XNone                                    |
|     | pending   |   |
| 9   | Participation on a Data                         | X None                                    |
| 9   | Safety Monitoring Board or                      | None                                      |
|     | Advisory Board                                  |   |
| 10  | Leadership or fiduciary role                    | XNone                                     |
|     | in other board, society,                        |   |
|     | committee or advocacy group, paid or unpaid     |   |
| 11  | Stock or stock options                          | _XNone                                    |
|     |   |   |
| 12  | Descint of accions out                          | V. Nana                                   |
| 12  | Receipt of equipment, materials, drugs, medical | _XNone                                    |
|     | writing, gifts or other                         |   |
|     | services  |   |
| 13  | Other financial or non-                         | XNone                                     |
|     | financial interests                             |   |
|     |   |   |
|     |   |   |
| Ple | ase summarize the above of                      | onflict of interest in the following box: |
|     | 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.

| Date:2023-07-20                               |  |
|---|--|
| Your Name: _Kaiyin Pang                       |  |
| Manuscript Title: Surgical Treatments (Especi | ially Middle Urethral Suspension) for Female Stress Urinary Incontinence |
| (SUI): A Literature Review                    |  |
| Manuscript number (if known): _GPM-26-R3_     |  |

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|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution)  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. | XNone   |   |
|   |   | Time frame: past  | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | _XNone  |   |
| 3 | Royalties or licenses   | _XNone  |   |
| 4 | Consulting fees   | _XNone  |   |

| 5   | Payment or honoraria for  | _XNone                           |            |  |
|-----|---|----------------------------------|------------|--|
| ,   | lectures, presentations,  | _XNone                           |            |  |
|     | speakers bureaus,   |                                  |            |  |
|     | manuscript writing or   |                                  |            |  |
|     | educational events  |                                  |            |  |
| 6   | Payment for expert  | _XNone                           |            |  |
|     | testimony   |                                  |            |  |
| 7   | Support for attending   | X None                           |            |  |
| ,   | meetings and/or travel  | _XNone                           |            |  |
|     |   |                                  |            |  |
|     |   |                                  |            |  |
|     |   |                                  |            |  |
| 8   | Patents planned, issued or  | _XNone                           |            |  |
|     | pending   |                                  |            |  |
|     |   |                                  |            |  |
| 9   | Participation on a Data   | _XNone                           |            |  |
|     | Safety Monitoring Board or  |                                  |            |  |
| 10  | Advisory Board  | V None                           |            |  |
| 10  | Leadership or fiduciary role in other board, society,                 | XNone                            |            |  |
|     | committee or advocacy   |                                  |            |  |
|     | group, paid or unpaid   |                                  |            |  |
| 11  | Stock or stock options  | _XNone                           |            |  |
|     |   |                                  |            |  |
|     |   |                                  |            |  |
| 12  | Receipt of equipment,   | _XNone                           |            |  |
|     | materials, drugs, medical writing, gifts or other                     |                                  |            |  |
|     | services  |                                  |            |  |
| 13  | Other financial or non-   | XNone                            |            |  |
|     | financial interests   |                                  |            |  |
|     |   |                                  |            |  |
|     |   |                                  |            |  |
| Plم | ase summarize the above o   | onflict of interest in the follo | owing hox: |  |
|     | Please summarize the above conflict of interest in the following box: |                                  |            |  |
|     | None  |                                  |            |  |
|     |   |                                  |            |  |
|     |   |                                  |            |  |
|     |   |                                  |            |  |
|     |   |                                  |            |  |
|     |   |                                  |            |  |
|     |   |                                  |            |  |

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| Date:20   | 023-07-20   |
|-----------|---|
| Your Nam  | e: _Dongmei Wei   |
| •         | et Title: Surgical Treatments (Especially Middle Urethral Suspension) for Female Stress Urinary Incontinence<br>Perature Review |
| Manuscrip | ot number (if known): _GPM-26-R3_   |

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|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                              | XNone  |   |
|   | manuscript (e.g., funding, provision of study materials, |  |   |
|   | medical writing, article                                 |  |   |
|   | processing charges, etc.)                                |  |   |
|   | No time limit for this item.                             |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  | Time frame: past   | 26 months   |
| 2 | Cuanta au acutua eta fue un                              | ·  | 30 months   |
| 2 | Grants or contracts from                                 | _XNone   |   |
|   | any entity (if not indicated in item #1 above).          |  |   |
| 2 | •  | V N  |   |
| 3 | Royalties or licenses                                    | _XNone   |   |
|   |  |  |   |
| _ |  |  |   |
| 4 | Consulting fees  | _XNone   |   |

| 5   | Payment or honoraria for lectures, presentations, speakers bureaus,                               | _XNone  |  |  |
|-----|---|---|--|--|
|     | manuscript writing or educational events  |   |  |  |
| 6   | Payment for expert testimony  | _XNone  |  |  |
| 7   | Support for attending meetings and/or travel  | _XNone  |  |  |
| 8   | Patents planned, issued or pending  | _XNone  |  |  |
| 9   | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board                           | _XNone  |  |  |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone   |  |  |
| 11  | Stock or stock options  | _XNone  |  |  |
| 12  | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services         | _XNone  |  |  |
| 13  | Other financial or non-<br>financial interests  | XNone   |  |  |
| Ple | Please summarize the above conflict of interest in the following box:                             |   |  |  |
|     | None  |   |  |  |
| Ple | ease 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.

| Date:2023-07-20                                       |   |
|---|---|
| Your Name: _Xiaoyu Niu                                |   |
| <b>Manuscript Title: Surgical Treatments (Especia</b> | Illy Middle Urethral Suspension) for Female Stress Urinary Incontinence |
| (SUI): A Literature Review                            |   |
| Manuscript number (if known): _GPM-26-R3_             |   |

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|   |   | Time frame: past  | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | _XNone  |   |
| 3 | Royalties or licenses   | _XNone  |   |
| 4 | Consulting fees   | _XNone  |   |

| 5  | Payment or honoraria for lectures, presentations, speakers bureaus,  | _XNone                                    |
|----|--|---|
|    | manuscript writing or educational events   |   |
| 6  | Payment for expert testimony   | _XNone                                    |
| 7  | Support for attending meetings and/or travel   | _XNone                                    |
|    |  |   |
| 8  | Patents planned, issued or pending   | _XNone                                    |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board                                    | _XNone                                    |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid | XNone                                     |
| 11 | Stock or stock options   | _XNone                                    |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                  | _XNone                                    |
| 13 | Other financial or non-<br>financial interests   | XNone                                     |
|    | ase summarize the above c  | onflict of interest in the following box: |

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