ICMJE DISCLOSURE FORM

Date: <u>January 12, 2023</u> Your Name: <u>Dongmei Wei</u>

Manuscript Title: A cohort study comparison of electrophysiology therapy and glucocorticoid therapy in the treatment

of 2 subtypes of vulvar epithelial non-neoplastic lesions

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 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) | 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. | X_None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X_None | |
| 3 | Royalties or licenses | _XNone | |
| 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 | | |
| U | testimony | _XNone | | |
| | , | | | |
| 7 | Support for attending | X_None | | |
| | meetings and/or travel | | | |
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| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | XNone | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | _XNone | | |
| | in other board, society, committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | XNone | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| 42 | services | V N | | |
| 13 | Other financial or non- financial interests | XNone | | |
| | ilitaticiai litterests | | | |
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| Ple | ease summarize the above co | onflict of interest in the fo | ollowing box: | |
| _ | Please summarize the above conflict of interest in the following box: | | | |
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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: <u>January 12, 2023</u> Your Name: <u>Jijie Li</u>

Manuscript Title: A cohort study comparison of electrophysiology therapy and glucocorticoid therapy in the treatment of 2 subtypes of vulvar epithelial non-neoplastic lesions

Manuscript number (if known):

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | X_None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any | XNone | |
| | entity (if not indicated in | | |
| | item #1 above). | | |
| 3 | Royalties or licenses | _XNone | |
| | | | |
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| 4 | Consulting fees | XNone | |
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| 5 | Payment or honoraria for | X None | |

| | lectures, presentations, speakers bureaus, manuscript writing or educational events | | |
|---|--|---------------------------------|--|
| 6 | Payment for expert testimony | _XNone | |
| 7 | Support for attending meetings and/or travel | X_None | |
| | Patents planned, issued or pending | X_None | |
| | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 0 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _XNone | |
| 1 | Stock or stock options | _XNone | |
| 2 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| 3 | Other financial or non-financial interests | XNone | |
| | ase summarize the above co | nflict of interest in the follo | wing box: |
| | ase place an "X" next to the | - | cate your agreement: have not altered the wording of any of the questions on |

form.

Date: January 12, 2023

Your Name: Yueting Zhang

Manuscript Title: A cohort study comparison of electrophysiology therapy and glucocorticoid therapy in the treatment of 2 subtypes of vulvar epithelial non-neoplastic lesions

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| 4 | Consulting fees | XNone | |
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| כ | Payment or honoraria for | X None | |

| | lectures, presentations, speakers bureaus, manuscript writing or educational events | | | | |
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| 6 | Payment for expert testimony | _XNone | | | |
| 7 | Support for attending meetings and/or travel | X_None | | | |
| 8 | Patents planned, issued or pending | XNone | | | |
| 9 | Participation on a Data Safety Monitoring Board or 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, materials, drugs, medical writing, gifts or other services | XNone | | | |
| 13 | Other financial or non-financial interests | XNone | | | |
| | Please summarize the above conflict of interest in the following box: | | | | |
| Ple | 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: January 12, 2023 Your Name: Jian Meng

Manuscript Title: A cohort study comparison of electrophysiology therapy and glucocorticoid therapy in the treatment of 2

subtypes of vulvar epithelial non-neoplastic lesions

Manuscript number (if known):

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| | | whom you have this | (e.g., if payments were made to you or to your |
| | | relationship or indicate | institution) |
| | | none (add rows as needed) | , |
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| | entity (if not indicated in | | |
| | item #1 above). | | |
| 3 | Royalties or licenses | _XNone | |
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| 4 | Consulting fees | XNone | |
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| 5 | Payment or honoraria for | XNone | |

| lectures, presentations, speakers bureaus, manuscript writing or educational events | | |
|---|----------------------------------|---|
| Payment for expert testimony | _XNone | |
| Support for attending meetings and/or travel | X_None | |
| Patents planned, issued or pending | XNone | |
| Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _XNone | |
| Stock or stock options | _XNone | |
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| Other financial or non-financial interests | XNone | |
| Please summarize the above co | onflict of interest in the follo | wing box: |
| Please place an "X" next to the X I certify that I have an form. | | cate your agreement: have not altered the wording of any of the questions on |

Date: January 12, 2023 Your Name: Yueyue Chen

Manuscript Title: A cohort study comparison of electrophysiology therapy and glucocorticoid therapy in the treatment of 2 subtypes of vulvar epithelial non-neoplastic lesions

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.

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| | | | |
| 4 | Consulting fees | XNone | |
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| 5 | Payment or honoraria for | X None | |

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|------|---|---------------------------------|----------------------|
| | Payment for expert testimony | _XNone | |
| | Support for attending meetings and/or travel | X_None | |
| | Patents planned, issued or pending | XNone | |
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| | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _XNone | |
| | Stock or stock options | _XNone | |
| | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| | Other financial or non-financial interests | XNone | |
| Ylea | ase summarize the above co | nflict of interest in the follo | wing box: |
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form.

Date: <u>January 12, 2023</u> Your Name: <u>Xiaoyu Niu</u>

Manuscript Title: A cohort study comparison of electrophysiology therapy and glucocorticoid therapy in the treatment of 2 subtypes of vulvar epithelial non-neoplastic lesions

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| | | Time frame: past | 36 months |
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| | item #1 above). | | |
| 3 | Royalties or licenses | _XNone | |
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| 4 | Consulting fees | XNone | |
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| | | | |
| 5 | Payment or honoraria for | X None | |

| | lectures, presentations, speakers bureaus, manuscript writing or educational events | | |
|----|---|----------------------------------|--|
| 6 | Payment for expert testimony | _XNone | |
| 7 | Support for attending meetings and/or travel | X_None | |
| 8 | Patents planned, issued or pending | X_None | |
| 9 | Participation on a Data Safety Monitoring Board or 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, materials, drugs, medical writing, gifts or other services | X_None | |
| 13 | Other financial or non-financial interests | XNone | |
| Г | ase summarize the above co | onflict of interest in the follo | wing box: |
| | ase place an "X" next to the X _ I certify that I have and form. | | cate your agreement: have not altered the wording of any of the questions on th |