Date: 4.7.2023

Your Name: Klaus Goeschen

Manuscript Title Tethered Vagina Syndrome: massive urine loss caused by bladder neck

scarring cured by skin graft.

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 notfor-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</u> manuscript only.

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.

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 | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| | Т | ime frame: Since the initia | l 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 | |

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| | | 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 | X_None | |
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| 5 | Payment or honoraria for lectures, presentations, | X_None | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert testimony | XNone | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | _XNone | |
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| 8 | Patents planned, issued or pending | _XNone | |
| | or pending | | |
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| 9 | Participation on a Data Safety Monitoring Board | XNone | |
| | or Advisory Board | | |
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| 10 | Leadership or fiduciary role in other board, society, committee or | XNone | |
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| | advocacy group, paid or | | | | |
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| 11 | Stock or stock options | XNone | | | |
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| 12 | Receipt of equipment, | XNone | | | |
| | materials, drugs, medical writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- financial interests | XNone | | | |
| | inianciai interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
| No | None. | | | | |
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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 | | | | | |
| | | vered every question an | d have not altered the wording of any of | | |

Date: 25 July 2023

Your Name: Andrew Browning

Manuscript Title: Tethered Vagina Syndrome: massive urine loss caused by bladder neck scarring cured by skin

graft

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</u> <u>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) |
|---|---|---|---|
| 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 | lectures, presentations, | _XNone | | | |
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| | | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or educational events | | | | |
| 6 | Payment for expert | _XNone | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | _XNone | | | |
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| 8 | Patents planned, issued or | _XNone | | | |
| | pending | | | | |
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| 9 | Participation on a Data | XNone | | | |
| | Safety Monitoring Board or Advisory Board | | | | |
| 10 | Leadership or fiduciary role | X None | | | |
| 10 | in other board, society, | _XNone | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
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| 12 | D : 1 f : 1 | V N | | | |
| 12 | Receipt of equipment, materials, drugs, medical | _XNone | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
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| Ple | 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:

None.

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 11th July 2023

Your Name: PROFESSOR GORDON WILLIAMS

Manuscript Title: Tethered Vagina Syndrome: massive urine loss caused by bladder neck scarring cured by skin graft

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</u> <u>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) |
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| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | 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 | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for | None | |
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| | lectures, presentations, | | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
| a | Participation on a Data | None | |
| 9 | Safety Monitoring Board or | INOTIE | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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Date: 5th July 2023

Your Name: Darren M. Gold

Manuscript Title: Tethered Vagina Syndrome: massive urine loss caused by bladder neck scarring cured by skin

graft

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</u> <u>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) |
|---|---|--|---|
| 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. | None None | planning of the work |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or | None | |
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| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
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| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| 10 | in other board, society, | None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
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| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| 13 | financial interests | | |
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| | ease summarize the above co | onflict of interest in the fo | llowing 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: 21th July 2023

Your Name: Alfons Gunnemann

Manuscript Title: Tethered Vagina Syndrome: massive urine loss caused by bladder neck scarring cured by skin graft

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</u> <u>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) |
|---|---|---|---|
| 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. | None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | |
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| | lectures, presentations, | | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
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| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
| a | Participation on a Data | None | |
| 9 | Safety Monitoring Board or | INOTIE | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| | _ X i certify that I have answ form. | ereu every question and r | iave not altered the wording of any of the questions of |
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| | ICMJE DISCLOSURE FORM | | | | | |
|--|--|--|--|--|--|--|
| Manuscript Title Teiner | ate: 04.07.2073 Our Name: 10N-ANDRE MOULL-FUMOGEA Januscript Title Tethered Vagina Syndrome-massive urine loss caused by bladder neck scarring cured by skin graft. Januscript number (if known): | | | | | |
| related to the content of parties whose interests I to transparency and doe | arency, we ask you to disclose all relationships/activities/interests listed below that are your manuscript. "Related" means any relation with for-profit or not-for-profit third nay be affected by the content of the manuscript. Disclosure represents a commitment as not necessarily indicate a bias. If you are in doubt about whether to list a erest, it is preferable that you do so. | | | | | |
| The following questions manuscript only. | apply to the author's relationships/activities/interests as they relate to the current | | | | | |
| to the epidemiology of h | ps/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains ypertension, you should declare all relationships with manufacturers of antihypertensive medication is not mentioned in the manuscript. | | | | | |
| A STATE OF THE PARTY OF THE PAR | all support for the work reported in this manuscript without time limit. For all other items osure is the past 36 months. | | | | | |
| All support for manuscript (e provision of s materials, me article process etc.) No time limit item. | .g., funding, tudy dical writing, sing charges, | | | | | |
| 2 Grants or con any entity (if in item #1 abo | not indicated | | | | | |
| 3 Royalties or l | icenses None | | | | | |
| 4 Consulting fe | es None | | | | | |

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or

| 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:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.