Date: 4th July 2023

Your Name: Raymond Hodgson

Manuscript Title: Descending perineal syndrome cure by deep transversus perinei ligament repair: surgical options

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	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

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

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: 04th July 2023

Your Name: Florian Wagenlehner

Manuscript Title: Descending perineal syndrome cure by deep transversus perinei ligament repair: surgical options

Manuscript number (if known):

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	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.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	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	
13	financial interests	None	
	maneral meereses		
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

There is no C	COI regarding the co	ontent of the manu	uscript.		

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: 05th July 2023

Your Name: Elisabeth del Amo

Manuscript Title: Descending perineal syndrome cure by deep transversus perinei ligament repair: surgical options

Manuscript number (if known):

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		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)
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	Nege	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	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		

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

There is no	COI regarding the c	ontent of the man	uscript		

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: 05th July 2023 **Your Name:** Hiromi Inoue

Manuscript Title: Descending perineal syndrome cure by deep transversus perinei ligament repair: surgical options

Manuscript number (if known):

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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)
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	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	NoneNoneNone	36 months
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None			
6	Payment for expert testimony	None			
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or pending	None			
9	Participation on a Data Safety Monitoring Board or Advisory Board	None			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None			
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non- financial interests	None			
	Please summarize the above conflict of interest in the following box: There is no COI regarding the content of the manuscript.				
Ple	Please place an "X" next to the following statement to indicate your agreement:				
	_ I certify that I have answe form.	red every question and ha	ve not altered the wording of any of the questions on		

Date: 21 July 2023

Your Name: Burghard Abendstein

Manuscript Title: Descending perineal syndrome cure by deep transversus perinei ligament repair: surgical options

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)
	Time frame: Since the initial	planning of the work
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Crants or contracts from		36 months
	X None	
·	Y None	
Royalties of licenses	A None	
Consulting fees	X None	
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	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. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses Consulting fees	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial X None X None X None X None Time frame: past X None Time frame: past X None X None

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

Please summarize the above conflict 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.