Date:	Mar. 14 <sup>th</sup> , 2022		
Your Name:	Haifeng Wang		
<b>Manuscript Title</b>	e:The feasibility of utering	e-vaginal axis MRI-based as evaluation of	surgical efficacy
<u>in women witl</u>	h pelvic organ prolapse		
Manuscript nun	nber (if known):	_ ATM-22-1173	

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

Date	e: Mar. 14 <sup>th</sup> , 2022		
	r Name: Jihong S	 Shen	
			axis MRI-based as evaluation of surgical efficacy
	women with pelvic organ		
		<u> </u>	
Mar	nuscript number (if known):		_ATM-22-1173
			elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third
part to t	ties whose interests may be	affected by the content of ecessarily indicate a bias. I	the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a
	following questions apply t nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to t	• •	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive me manuscript.
	em #1 below, report all sup time frame for disclosure is	<u>-</u>	in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed) Time frame: Since the initial	planning of the work
1	All support for the present		planning of the work
1	manuscript (e.g., funding,	<b>X</b> None	

Time frame: past 36 months

**X** \_\_None

X \_\_None

provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.

Grants or contracts from

in item #1 above).

Royalties or licenses

any entity (if not indicated

2

3

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

Date:Ma	r. 14 <sup>th</sup> , 2022	
Your Name:	Song Li	
Manuscript Title: _	The feasibility of uterin	e-vaginal axis MRI-based as evaluation of surgical efficacy
in women with p	elvic organ prolapse	
Manuscript numbe	er (if known):	_ ATM-22-1173
related to the cont parties whose inter to transparency an	ent of your manuscript. "Re rests may be affected by the	disclose all relationships/activities/interests listed below that are elated" means any relation with for-profit or not-for-profit third e content of the manuscript. Disclosure represents a commitment rate a bias. If you are in doubt about whether to list a chat you do so.
The following ques manuscript only.	tions apply to the author's I	relationships/activities/interests as they relate to the <u>current</u>
to the epidemiolog		should be <u>defined broadly</u> . For example, if your manuscript pertains uld declare all relationships with manufacturers of antihypertensive ntioned in the manuscript.
	eport all support for the wo disclosure is the past 36 mo	ork reported in this manuscript without time limit. For all other items, onths.

		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.	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	X _	None	
5	Payment or honoraria for	X	None	
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X _	None	
	testimony			
7	Support for attending	X _	None	
	meetings and/or travel			
8	Patents planned, issued or	Х	None	
	pending			
9	Participation on a Data	Х	None	
	Safety Monitoring Board or	^		
	Advisory Board			
10	Leadership or fiduciary role	Х	None	
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	Х	None	
12	Receipt of equipment,	Х	None	
	materials, drugs, medical		<del></del>	
	writing, gifts or other			
	services			
13	Other financial or non-	X _	None	
	financial interests			
Plea	ase summarize the above co	nflict o	f interest in the	e following box:
No	ne.			
Dlas	osa placa ap "V" payt to the	f_  :		to indicate very company and

Date:	Mar. 14 <sup>th</sup> , 2022		
Your Name:	Zhenhua Gao		
Manuscript Tit	le:The feasibility of uterin	e-vaginal axis MRI-based as evaluation of surgical e	fficacy
<u>in women wit</u>	th pelvic organ prolapse		
Manuscript nu	ımber (if known):	_ ATM-22-1173	

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.

		whom you have this (	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	6 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	<b>X</b> None	
_			
5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	<b>X</b> None	
	meetings and/or travel		
8	Patents planned, issued or	<b>X</b> None	
O	pending	XNone	
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	·		
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	<b>X</b> None	
13	financial interests	<b>X</b> None	
	3000		
Plea	se summarize the above co	nflict of interest in the fol	owing box:
NI.~	no		
INO	ne.		

Date:	Mar. 14 <sup>th</sup> , 2022	
Your Name:	Kunbin Ke	
Manuscript Titl	e:The feasibility of utering	ne-vaginal axis MRI-based as evaluation of surgical efficacy
in women wit	h pelvic organ prolapse	
Manuscript nur	mber (if known):	_ ATM-22-1173

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)  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 lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
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 Safety Monitoring Board or Advisory Board	_ <b>X</b> None	
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:  None.			

Date:Ma	r. 14 <sup>th</sup> , 2022	
Your Name:	Peng Gu	
Manuscript Title:	The feasibility of uteri	ne-vaginal axis MRI-based as evaluation of surgical efficacy
in women with p	elvic organ prolapse	
Manuscript number (if known):		_ ATM-22-1173
related to the cont	ent of your manuscript. "Re	disclose all relationships/activities/interests listed below that are elated" means any relation with for-profit or not-for-profit third e content of the manuscript. Disclosure represents a commitment

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

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 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)  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 lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
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 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:  None.			