| Date: <u>Jul, 30th, 2022</u> | |
|---|--|
| Your Name: Han Hac | |
| Manuscript Title: | The impact of catheter removal time on urinary continence and overactive bladder symptoms |
| after robot-assisted radi | cal prostatectomy: a retrospective analysis of consecutive 432 cases from a single institution |
| Manuscript number (if k | nown): TAU-22-397 |

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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| | | 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 | _X_None | |
| 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 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 | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | V None | |
| 11 | Stock of Stock options | _X_None | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _X_None | |
| | financial interests | | |
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| I have no conflicts of interest to declare. | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>Jul, 30th, 2022</u> | |
|---|--|
| Your Name: Xu Cl | en en |
| Manuscript Title: | The impact of catheter removal time on urinary continence and overactive bladder symptoms |
| after robot-assisted ra | dical prostatectomy: a retrospective analysis of consecutive 432 cases from a single institution |
| Manuscript number (| known): TAU-22-397 |

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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|---|---|--|---|
| | | Time frame: Since the initial | planning of the work |
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| | | 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 | _X_None | |
| 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 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 | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | _X_None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | <u>X</u> None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _X_None | |
| | financial interests | | |
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| I have no conflicts of interest to declare. | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>Jul, 30th, 2022</u> | | | |
|---|--------------------------------|----------------------------------|---------------------------------------|
| Your Name: Yue | Liu | | |
| Manuscript Title: | The impact of catheter rem | noval time on urinary continend | ce and overactive bladder symptoms |
| after robot-assisted r | adical prostatectomy: a retros | spective analysis of consecutive | e 432 cases from a single institution |
| Manuscript number (| if known): TAU-22 | 2-397 | |

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>.

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| | | 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 | _X_None | |
| 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 meetings and/or travel | _X_None | |
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| | | | |
| 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 | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | V None | |
| 11 | Stock of Stock options | _X_None | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _X_None | |
| | financial interests | | |
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| I have no conflicts of interest to declare. | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>Jul, 30th, 2022</u> | |
|---|--|
| Your Name: Longmei | i Si |
| Manuscript Title: | The impact of catheter removal time on urinary continence and overactive bladder symptoms |
| after robot-assisted radio | cal prostatectomy: a retrospective analysis of consecutive 432 cases from a single institution |
| Manuscript number (if kr | nown): TAU-22-397 |

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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| | | 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 | _X_None | |
| 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 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 | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | _X_None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | <u>X</u> None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _X_None | |
| | financial interests | | |
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| I have no conflicts of interest to declare. | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: Jul, 30 th , 202 | 2 | | |
|-----------------------------------|--------------------------|------------------|---|
| Your Name: Yu | ke Chen | | |
| Manuscript Title: _ | The impact of cathe | eter removal tim | e on urinary continence and overactive bladder symptoms |
| after robot-assisted | d radical prostatectomy: | a retrospective | analysis of consecutive 432 cases from a single institution |
| Manuscript numbe | r (if known): | TAU-22-397 | |

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>.

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| | | 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 | _X_None | |
| 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 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 | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | _X_None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | <u>X</u> None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _X_None | |
| | financial interests | | |
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| I have no conflicts of interest to declare. | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>Jul, 30th, 2022</u> | |
|---|--|
| Your Name: Meng | Zhang |
| Manuscript Title: | The impact of catheter removal time on urinary continence and overactive bladder symptoms |
| after robot-assisted ra | dical prostatectomy: a retrospective analysis of consecutive 432 cases from a single institution |
| Manuscript number (if | known): TAU-22-397 |

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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| | | 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 | _X_None | |
| 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 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 | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | _X_None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | <u>X</u> None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _X_None | |
| | financial interests | | |
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| I have no conflicts of interest to declare. | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>Jul, 30th, 2022</u> | |
|---|---|
| Your Name: Wei | |
| Manuscript Title: | The impact of catheter removal time on urinary continence and overactive bladder symptoms |
| after robot-assisted r | ical prostatectomy: a retrospective analysis of consecutive 432 cases from a single institution |
| Manuscript number (| (nown): TAU-22-397 |

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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| | | Time frame: Since the initial | planning of the work |
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| | | 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 | _X_None | |
| 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 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 | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | _X_None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | <u>X</u> None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _X_None | |
| | financial interests | | |
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| I have no conflicts of interest to declare. | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>Jul, 30th, 2022</u> | |
|---|---|
| Your Name: Yi Son | |
| Manuscript Title: | he impact of catheter removal time on urinary continence and overactive bladder symptoms |
| after robot-assisted rad | al prostatectomy: a retrospective analysis of consecutive 432 cases from a single institution |
| Manuscript number (if | nown): TAU-22-397 |

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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| | | 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. | _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 | _X_None | |
| 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 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 | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | _X_None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | <u>X</u> None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _X_None | |
| | financial interests | | |
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| I have no conflicts of interest to declare. | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>Jul, 30th, 2022</u> | |
|---|--|
| Your Name: Shilia | Wu |
| Manuscript Title: | The impact of catheter removal time on urinary continence and overactive bladder symptoms |
| after robot-assisted r | cal prostatectomy: a retrospective analysis of consecutive 432 cases from a single institution |
| Manuscript number (| nown): TAU-22-397 |

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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| | | 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 | _X_None | |
| 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 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 | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | _X_None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | <u>X</u> None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _X_None | |
| | financial interests | | |
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| I have no conflicts of interest to declare. | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>Jul, 30th, 2022</u> | |
|---|--|
| Your Name: Zhongyu | an Zhang |
| Manuscript Title:T | he impact of catheter removal time on urinary continence and overactive bladder symptoms |
| after robot-assisted radio | cal prostatectomy: a retrospective analysis of consecutive 432 cases from a single institution |
| Manuscript number (if kn | nown): TAU-22-397 |

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 | _X_None | |
| | processing charges, etc.) No time limit for this item. | | |
| | | | |
| | | 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 | _X_None | |
| 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 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 | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | _X_None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | <u>X</u> None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _X_None | |
| | financial interests | | |
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| I have no conflicts of interest to declare. | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>Jul, 30th, 2022</u> | |
|---|--|
| Your Name: Zheng | Zhao |
| Manuscript Title: | The impact of catheter removal time on urinary continence and overactive bladder symptoms |
| after robot-assisted ra | dical prostatectomy: a retrospective analysis of consecutive 432 cases from a single institution |
| Manuscript number (i | known): TAU-22-397 |

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 | _X_None | |
| 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 meetings and/or travel | _X_None | |
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| | | | |
| 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 | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | _X_None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | <u>X</u> None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _X_None | |
| | financial interests | | |
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| I have no conflicts of interest to declare. | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>Jul, 30th, 2022</u> | |
|---|---|
| Your Name: Chen | Shen |
| Manuscript Title: | The impact of catheter removal time on urinary continence and overactive bladder symptoms |
| after robot-assisted r | ical prostatectomy: a retrospective analysis of consecutive 432 cases from a single institution |
| Manuscript number (| known): TAU-22-397 |

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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| | | 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 | _X_None | |
| 4 | Consulting fees | _X_None | |

| 5 | Payment or honoraria for | _X_None | |
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| | lectures, presentations, | | |
| | 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 | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | _X_None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | <u>X</u> None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _X_None | |
| | financial interests | | |
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| I have no conflicts of interest to declare. | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>Jul, 30th, 2022</u> | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Your Name: W | te Han | | | | | | | |
| Manuscript Title: _ | The impact of catheter removal time on urinary continence and overactive bladder symptoms | | | | | | | |
| after robot-assiste | dical prostatectomy: a retrospective analysis of consecutive 432 cases from a single institution | | | | | | | |
| Manuscript number | f known): TAU-22-397 | | | | | | | |

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| | | 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 | _X_None | | | | | | |
| 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 | | |
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| 7 | Support for attending meetings and/or travel | _X_None | |
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| | | | |
| 8 | Patents planned, issued or pending | _X_None | |
| | | | |
| | | | |
| 9 | Participation on a Data | _X_None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | _X_None | |
| | in other board, society, | | |
| | 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 | | |
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| I have no conflicts of interest to declare. | | | | | | |
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