

#1

ICMJE DISCLOSURE FORM

Date: 6/26/2022

Your Name: [Christopher D. Ortengren]

Manuscript Title: [Urethral Outcomes in Metoidioplasty and Phalloplasty Gender Affirming Surgery (MaPGAS) and Vaginectomy: A Systematic Review]

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 author's relationships/activities/interests should be defined broadly. 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 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.	<input type="checkbox"/> None	
		[National Institute for Diabetes and Digestive and Kidney Diseases 1R21DK124733-01	To Dartmouth Hitchcock Medical Center
			Click the tab key to add additional rows.
Time frame: past 36 months			

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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<input type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

#2

ICMJE DISCLOSURE FORM

Date: 6/23/2022

Your Name: [Gaines D. Blasdel]

Manuscript Title: [Urethral Outcomes in Metoidioplasty and Phalloplasty Gender Affirming Surgery (MaPGAS) and Vaginectomy: A Systematic Review]

Manuscript Number (if known): _____

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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#3

ICMJE DISCLOSURE FORM

Date: 6/23/2022

Your Name: [Ella A Damiano]

Manuscript Title: [Urethral Outcomes in Metoidioplasty and Phalloplasty Gender Affirming Surgery (MaPGAS) and Vaginectomy: A Systematic Review]

Manuscript Number (if known): _____

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#4

ICMJE DISCLOSURE FORM

Date: 6/22/2022

Your Name: [Peter D. Scalia]

Manuscript Title: [Urethral Outcomes in Metoidioplasty and Phalloplasty Gender Affirming Surgery (MaPGAS) and Vaginectomy: A Systematic Review]

Manuscript Number (if known): _____

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Time frame: past 36 months			

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#5

ICMJE DISCLOSURE FORM

Date: 6/22/2022

Your Name: [Tamara S. Morgan]

Manuscript Title: [Urethral Outcomes in Metoidioplasty and Phalloplasty Gender Affirming Surgery (MaPGAS) and Vaginectomy: A Systematic Review]

Manuscript Number (if known): [Click or tap here to enter text]

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#6

ICMJE DISCLOSURE FORM

Date: 6/23/2022

Your Name: [Pamela Bagley]

Manuscript Title: [Urethral Outcomes in Metoidioplasty and Phalloplasty Gender Affirming Surgery (MaPGAS) and Vaginectomy: A Systematic Review]

Manuscript Number (if known): [Click or tap here to enter text]

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ICMJE DISCLOSURE FORM

Date: 6/22/2022

Your Name: [Heather B. Blunt]

Manuscript Title: [Urethral Outcomes in Metoidioplasty and Phalloplasty Gender Affirming Surgery (MaPGAS) and Vaginectomy: A Systematic Review]

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 author's relationships/activities/interests should be defined broadly. 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 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.	<input type="checkbox"/> None	
		National Institute for Diabetes and Digestive and Kidney Diseases 1R21DK124733-01	To Dartmouth Hitchcock Medical Center
			Click the tab key to add additional rows.
Time frame: past 36 months			

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

#8

ICMJE DISCLOSURE FORM

Date: 6/23/2022

Your Name: [Glyn Elwyn]

Manuscript Title: [Urethral Outcomes in Metoidioplasty and Phalloplasty Gender Affirming Surgery (MaPGAS) and Vaginectomy: A Systematic Review]

Manuscript Number (if known): _____

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			<small>Click the tab key to add additional rows.</small>
Time frame: past 36 months			

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 6/22/2022

Your Name: [John F Nigriny]

Manuscript Title: [Urethral Outcomes in Metoidioplasty and Phalloplasty Gender Affirming Surgery (MaPGAS) and Vaginectomy: A Systematic Review]

Manuscript Number (if known): _____

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

#10

ICMJE DISCLOSURE FORM

Date: 6/22/2022

Your Name: [Jeremy B Myers]

Manuscript Title: [Urethral Outcomes in Metoidioplasty and Phalloplasty Gender Affirming Surgery (MaPGAS) and Vaginectomy: A Systematic Review]

Manuscript Number (if known): [Click or tap here to enter text]

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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		R21 NIH Decision making in transmasculine surgery	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	

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#11

ICMJE DISCLOSURE FORM

Date: 6/22/2022

Your Name: [Mang L. Chen]

Manuscript Title: [Urethral Outcomes in Metoidioplasty and Phalloplasty Gender Affirming Surgery (MaPGAS) and Vaginectomy: A Systematic Review]

Manuscript Number (if known): _____

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
		AUA 2022 New Orleans Registration fee waived for presenting on implants	

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ICMJE DISCLOSURE FORM

Date: 6/22/2022

Your Name: [Rachel A. Moses]

Manuscript Title: [Urethral Outcomes in Metoidioplasty and Phalloplasty Gender Affirming Surgery (MaPGAS) and Vaginectomy: A Systematic Review]

Manuscript Number (if known): _____

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