Date: 6/26/2022			
Your Name:	Christopher D. Ortengren		
Manuscript Title:	[Urethral Outcomes in Metoidioplasty and Phalloplasty Gender AffirmingSurgery (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.

		this re		ith whom you have indicate none (add	_	tions/Comments (e.g., if payments de to you or to your institution)
			Time fra	nme: Since the initial pl	anning of t	he work
1	All support for the present	仲	None			
	manuscript (e.g., funding, provision of study	National Institute for Diabetes and Digestive and Kidney Diseases 1R21DK124733-01 To Dartmouth Hi		To Dartmouth Hitchcock Medical Center		
	materials, medical writing, article processing charges, etc.) No time limit for this item.					Click the tab key to add additional rows.
				Time frame: past 36	months	

		this re	e all entities with whom you have elationship or indicate none (add as needed)		tions/Comments (e.g., if payments de to you or to your institution)	
2	Grants or contracts	 	None			
	from any entity (if not					
	indicated in					
	item #1 above).					
3	Royalties or licenses	\boxtimes	None			
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4	Consulting	\boxtimes	None			
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5	Payment or	X	None			
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5	honoraria for lectures, presentation s, speakers bureaus,		None			
5	honoraria for lectures, presentation s, speakers bureaus, manuscript writing or		None			
5	honoraria for lectures, presentation s, speakers bureaus, manuscript		None			
6	honoraria for lectures, presentation s, speakers bureaus, manuscript writing or educational events Payment for	[\$	None			
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6	honoraria for lectures, presentation s, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending	[\$\text{\psi}	None			

		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)
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1 1	Stock or stock options	[⊠] None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
1 3	Other financial or non-financial interests	[⊠] None	

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

#2

ICMJE DISCLOSURE FORM

Date:	6/23/2022
Your Name:	Gaines D. Blasdel
Manuscript Title:	Urethral Outcomes in Metoidioplasty and Phalloplasty Gender AffirmingSurgery (MaPGAS) and Vaginectomy: A Systematic Review
Manuscript Number (if known):	

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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 pla	anning of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision of	National Institute for Diabetes and Digestive a Kidney Diseases 1R21DK124733-01	and To Dartmouth Hitchcock Medical Center

		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)
	study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36	months
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or	⊠ None	
	licenses		
4	Consulting fees	None	
5	Payment or	⊠ None	
	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	[⊠] None	
7	Support for		
,	attending meetings and/or travel	[None	

	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)
Patents planned, issued or pending	[⊠] None	
9 Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
1 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	
1 Stock or stock options	[⊠] None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
Other financial or non-financial interests	[⊠] None	
	next to the following statement to indicate ave answered every question and have not alte	your agreement: red the wording of any of the questions on this form.

Date:	6/23/2022
Your Name:	Ella A Damiano
Manuscript Title:	Urethral Outcomes in Metoidioplasty and Phalloplasty Gender AffirmingSurgery (MaPGAS) and Vaginectomy: A Systematic Review
Manuscript Number (if known):	

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1	All support for the present	[□] None		
	manuscript (e.g., funding, provision of study	National Institute for Diabetes and Digestive a Kidney Diseases 1R21DK124733-01	nd	To Dartmouth Hitchcock Medical Center
	materials,			Click the tab key to add additional rows.
	medical writing, article processing charges, etc.) No time limit for this item.			
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Grants or contracts f any entity not indicat in item #1 above).	from (if ted		None		
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Payment of honoraria lectures, presentati speakers bureaus, manuscrip writing or educational events	for ions, ot		None		
6 Payment frexpert testimony			None		
7 Support for attending meetings and/or tra			None		

8 Patents planned, issued or pending	[⊠] None	
9 Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
1 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	
1 Stock or stock options	None Non	
1 Receipt of 2 equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
1 Other financial or non-financial interests	None Non	

Date:	6/22/2022
Your Name:	Peter D. Scalia
Manuscript Title:	Urethral Outcomes in Metoidioplasty and Phalloplasty Gender AffirmingSurgery (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.

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1	All support for the present	[□] None		
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	materials,			Click the tab key to add additional rows.
	medical writing, article processing charges, etc.) No time limit for this item.			
	Time frame: past 36 months			

		this re	all entities with whom you have elationship or indicate none (add as needed)	Specifica were ma	tions/Comments (e.g., if payments de to you or to your institution)
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 educational events		None		
6	Payment for expert testimony		None		
7	Support for attending meetings and/or travel		None		

	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)	
8 Patents planned, issued or pending	[⊠] None		
9 Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None		
1 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None		
1 Stock or stock options	[⊠] None		
1 Receipt of 2 equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
1 Other financial 3 or non- financial interests	[⊠] None		

Date:	6/22/2022	
Your Name:	Tamara S. Morgan	
Manuscript Title:	Urethral Outcomes in Metoidioplasty and Phalloplasty Gender AffirmingSurgery (MaPGAS) and Vaginectomy: A Systematic Review	
Manuscript Number (if known):	Click or tap here to enter text.	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)		tions/Comments (e.g., if payments de to you or to your institution)
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1	All support for the present	[□] None		
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	materials,			Click the tab key to add additional rows.
	medical writing, article processing charges, etc.) No time limit for this item.			
		Time frame: past 36 m	onths	

		this r	e all entities with whom you have elationship or indicate none (add as needed)	Specifica were ma	tions/Comments (e.g., if payments de to you or to your institution)
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 educational events		None		
6	Payment for expert testimony		None		
7	Support for attending meetings and/or travel		None		

8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 1 Leadership or fiduciary role in other board, society, committee or	
on a Data Safety Monitoring Board or Advisory Board 1 Leadership or ofiduciary role in other board, society,	
o fiduciary role in other board, society,	
advocacy group, paid or unpaid	
1 Stock or stock options	
1 Receipt of equipment, materials, drugs, medical writing, gifts or other services	
1 Other financial or non-financial interests None	

Date:	6/23/2022
Your Name:	Pamela Bagley
Manuscript Title:	Urethral Outcomes in Metoidioplasty and Phalloplasty Gender AffirmingSurgery (MaPGAS) and Vaginectomy: A Systematic Review
Manuscript Number (if known):	Click or tap here to enter text.

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1	All support for the present	[□] None		
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	medical writing, article processing			Click the tab key to add additional rows.
	charges, etc.) No time limit for this item.			
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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None □	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Non	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	

	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)
8 Patents planned, issued or pending	[⊠] None	
9 Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
1 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	
1 Stock or stock options	[⊠] None	
1 Receipt of 2 equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
1 Other financial 3 or non- financial interests	[⊠] None	
	next to the following statement to indicate y	

Date:	6/22/2022
Your Name:	Heather B. Blunt
Manuscript Title:	Urethral Outcomes in Metoidioplasty and Phalloplasty Gender AffirmingSurgery (MaPGAS) and Vaginectomy: A Systematic Review
Manuscript Number (if known):	

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1	All support for the present	[□] None		
	manuscript (e.g., funding, provision of study	National Institute for Diabetes and Digestive a Kidney Diseases 1R21DK124733-01	nd	To Dartmouth Hitchcock Medical Center
	materials,			Click the tab key to add additional rows.
	medical writing, article processing charges, etc.) No time limit for this item.			
		Time frame: 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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None ■	
4	Consulting fees	None 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	

	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)
Patents planned, issued or pending	[⊠] None	
9 Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
1 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	
1 Stock or stock options	[⊠] None	
1 Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
Other financial or non-financial interests	[⊠] None	

Date:	6/23/2022
Your Name:	Glyn Elwyn
Manuscript Title:	Urethral Outcomes in Metoidioplasty and Phalloplasty Gender AffirmingSurgery (MaPGAS) and Vaginectomy: A Systematic Review
Manuscript Number (if known):	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	-	ions/Comments (e.g., if payments e to you or to your institution)
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1	All support for the present	[□] None		
	manuscript (e.g., funding, provision of study	National Institute for Diabetes and Digestive a Kidney Diseases 1R21DK124733-01	nd	To Dartmouth Hitchcock Medical Center
	materials,			Click the tab key to add additional rows.
	medical writing, article processing charges, etc.) No time limit for this item.		·	
		Time frame: past 36 m	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)		
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] N	None	
3	Royalties or licenses	⊠ N	None	
4	Consulting fees		None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ N	None	
6	Payment for expert testimony	[⊠] N	None	
7	Support for attending meetings and/or travel	[⊠] N	None	

	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)
8 Patents planned, issued or pending	[⊠] None	
9 Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
1 Leadership of fiduciary rol in other board, socie committee of advocacy group, paid unpaid		
1 Stock or sto options	None	
1 Receipt of equipment, materials, drugs, mediwriting, gifts or other services	[⊠] None	
1 Other finance or non-financial interests	al [⊠] None	
	'X" next to the following statement to indicat I have answered every question and have not all	e your agreement: tered the wording of any of the questions on this

Date:	6/22/2022
Your Name:	John F Nigriny
Manuscript Title:	Urethral Outcomes in Metoidioplasty and Phalloplasty Gender AffirmingSurgery (MaPGAS) and Vaginectomy: A Systematic Review
Manuscript Number (if known):	

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1	All support for the present	[□] None		
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	materials,		Click	the tab key to add additional rows.
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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 educational events		None		
6	Payment for expert testimony		None		
7	Support for attending meetings and/or travel		None		

	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)		Specifications/Comments (e.g., if payments were made to you or to your institution)	
8	Patents planned, issued or pending	[⊠] None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None		
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None		
1 1	Stock or stock options	[⊠] None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
1 3	Other financial or non- financial interests	[⊠] 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.				

#10

ICMJE DISCLOSURE FORM

Date:	6/22/2022
Your Name:	Jeremy B Myers
Manuscript Title:	Urethral Outcomes in Metoidioplasty and Phalloplasty Gender AffirmingSurgery (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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		Time frame: Since the initial plan	ning of the w	rork
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	manuscript (e.g., funding, provision of study	National Institute for Diabetes and Digestive a Kidney Diseases 1R21DK124733-01	nd	To Dartmouth Hitchcock Medical Center
	materials,			Click the tab key to add additional rows.
	medical writing, article processing charges, etc.) No time limit for this item.			
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		this r	e all entities with whom you have elationship or indicate none (add as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)		
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hon lecte pres spea bure mar writ	rment or noraria for tures, esentations, eakers reaus, nuscript ting or ucational		None		
expe	rment for pert timony		None		
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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)		Specifications/Comments (e.g., if payments were made to you or to your institution)	
8	Patents planned, issued or pending	[⊠] None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None		
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None		
1 1	Stock or stock options	[⊠] None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
1 3	Other financial or non- financial interests	[⊠] 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.				

#11

ICMJE DISCLOSURE FORM

Date:	6/22/2022
Your Name:	Mang L. Chen
Manuscript Title:	Urethral Outcomes in Metoidioplasty and Phalloplasty Gender AffirmingSurgery (MaPGAS) and Vaginectomy: A Systematic Review
Manuscript Number (if known):	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e. were made to you or to your	O . I .
		Time frame: Since the initial plan	ing of the work	
1	All support for the present	[□] None		
	manuscript (e.g., funding, provision of study	National Institute for Diabetes and Digestive a Kidney Diseases 1R21DK124733-01	nd To Dartmouth Hitcho	ock Medical Center
	materials,		Click the tab key to a	dd additional rows.
	medical writing, article processing charges, etc.) No time limit for this item.			
		Time frame: past 36 m	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)	
Grants or contracts from any entity (if not indicated in item #1 above).	None	
3 Royalties or licenses	None □	
4 Consulting fees	None None	
Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6 Payment for expert testimony	None Non	
7 Support for attending meetings and/or travel	AUA 2022 New Orleans Registration fee was presenting on implants	nived for

8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 1 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 1 Stock or stock options None
on a Data Safety Monitoring Board or Advisory Board 1 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid None None
fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock X None
Receipt of equipment, materials, drugs, medical writing, gifts or other services
1 Other financial or non-financial interests None

Date:	6/22/2022	
Your Name:	Rachel A. Moses	
Manuscript Title:	ipt Title: Urethral Outcomes in Metoidioplasty and Phalloplasty Gender AffirmingSurgery (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.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	-	tions/Comments (e.g., if payments de to you or to your institution)
		Time frame: Since the initial plant	ning of the	work
1	All support for the present	[□] None		
	manuscript (e.g., funding, provision of study	National Institute for Diabetes and Digestive a Kidney Diseases 1R21DK124733-01	nd	To Dartmouth Hitchcock Medical Center
	materials,			Click the tab key to add additional rows.
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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)		tions/Comments (e.g., if payments de to you or to your institution)	
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 educational events		None		
6	Payment for expert testimony		None		
7	Support for attending meetings and/or travel		None		

planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board	None [☑] None [☑] None	
on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
المانين الم		
1 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1 Stock or stock options	[⊠] None	
1 Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
1 Other financial or non-financial interests	None	