Da	te: July 20, 2022			
	ur Name: Shi-Qin Yang			
			ent of YouTube surgical videos of green light las	er
	porization of the prostat			
Ma	nuscript number (if known)	:		
rel par to rel The ma	ated to the content of your rties whose interests may be transparency and does not eationship/activity/interest, e following questions apply muscript only. e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" means affected by the content of the author's relationship in the content of the content	os/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertainally all relationships with manufacturers of antihypertensiv	e
		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	
			planning of the work	
1	All support for the present manuscript (e.g., funding,	XNone		
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: past	36 months	
2	Grants or contracts from	XNone		
	any entity (if not indicated			
_	in item #1 above).			
3	Royalties or licenses	XNone		

Consulting fees

		I	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	XNone	
	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	
11	Stock of Stock options	^_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Da	te: <u>July 20, 2022</u>			
	ur Name: <u>Yuan-zhuo C</u>			_
			nent of YouTube surgical videos of green light la	ser
	porization of the prostat	<u> </u>		
Ma	nuscript number (if known)):		
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in	e defined broadly. For example, if your manuscript pertal all relationships with manufacturers of antihypertensite the manuscript. End in this manuscript without time limit. For all other items	ve
the	e time frame for disclosure i	s the past 36 months.		
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)	
		needed)		
		Time frame: Since the initia	al planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	XNone		
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	X None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	XNone		

4

Consulting fees

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

None.			

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

Da	te: <u>July 20, 2022</u>			
Ma	ur Name: <u>Liao Peng</u> nnuscript Title:Edu porization of the prostat		ent of YouTube surgical videos of green light las	er
Ma	nuscript number (if known)):		
rel par to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to		ension, you should declare	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i	• •	d in this manuscript without time limit. For all other iter	ns,
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		none (add rows as needed)		
		Time frame: Since the initia	planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone		
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time from our cont	26 months	
2	Grants or contracts from	Time frame: past X None	50 months	
_	any entity (if not indicated			
3	in item #1 above). Royalties or licenses	XNone		

4

Consulting fees

_			
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
0	testimony		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
O	pending	XNone	
	P 0.148		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Dat	e: <u>July 20, 2022</u>		
You	ır Name: Wei	Wang	
Ma	nuscript Title:Edu	cational value assessr	ment of YouTube surgical videos of green light laser
vap	porization of the prostat	te	
Ma	nuscript number (if known):	
rela par to t	ated to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to t med In it	he epidemiology of hypert dication, even if that medic	ension, you should declar cation is not mentioned in port for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive athe manuscript. The manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initi	al planning of the work
	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 from a re-	at 26 months
	Grants or contracts from	Time frame: pas	5. 56 MORUIS
	any entity (if not indicated in item #1 above).	XNone	

3

4

Royalties or licenses

Consulting fees

X__None

_			
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
0	testimony		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
O	pending	XNone	
	P 0.148		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Da	te: <u>July 20, 2022</u>			
Yo	ur Name: <u>Jia-wei Chen</u>	1		
Ma	nuscript Title:Edu	cational value assessn	nent of YouTube surgical videos of green light la	ser
	porization of the prostat			
	nuscript number (if known			
	-	· ·	I relationships/activities/interests listed below that are	
		=	ans any relation with for-profit or not-for-profit third	
-	-	-	of the manuscript. Disclosure represents a commitment	
			. If you are in doubt about whether to list a	
rela	ationship/activity/interest,	it is preferable that you do	0 \$0.	
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to	-	ension, you should declare	defined broadly. For example, if your manuscript pertal all relationships with manufacturers of antihypertensions the manuscript.	
	alcation, even in that incare		the manascript.	
In i	tem #1 below, report all su	pport for the work reports	ed in this manuscript without time limit. For all other it	ems.
	time frame for disclosure i	• •	to in this manuscript without time innit. For an other it	c1113,
	time name for disclosure i	is the past so months.		
		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 initia	I planning of the work	
		Tille Italile. Silice tile illitia	in planning of the work	
	All support for the present	XNone		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
	Grants or contracts from	XNone		
	any entity (if not indicated			
	in item #1 above).			

Royalties or licenses

Consulting fees

4

_X__None

		ı	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	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-	XNone	
	financial interests		

None.			

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

Da	te: <u>July 20, 2022</u>			
Yo	ur Name: Yang Fan			
va	nuscript Title:Edu porization of the prostat nuscript number (if known)	e	ment of YouTube surgical videos of green light lase	r
related to the total tot	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, at following questions apply inuscript only. The author's relationships/act the epidemiology of hypertimest whose interests are actionships.	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declar	nips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive	•
me	dication, even if that medic	cation is not mentioned in	the manuscript.	
	item #1 below, report all su e time frame for disclosure i	· ·	ed in this manuscript without time limit. For all other item Specifications/Comments	s,
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)	
		needed) Time frame: Since the initi	al planning of the work	
		1	ar planning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	XNone		
	No time limit for this item.			
		Time frame: pas	st 36 months	
	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
	Royalties or licenses	XNone		

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Consulting fees

_			
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
0	testimony		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
O	pending	XNone	
	P 0.148		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Da	te: <u>July 20, 2022</u>							
	ur Name: <u>De-yi Luo</u>							
Ma	anuscript Title:Edu	cational value assessm	nent of YouTube surgical videos of green light lase	r				
	vaporization of the prostate							
Ma	anuscript number (if known)):						
rel pa to rel The ma The to me	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medications	manuscript. "Related" me e affected by the content on necessarily indicate a bias it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in apport for the work reporter	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertainerally all relationships with manufacturers of antihypertensive					
		Name all entities with	Specifications/Comments					
		whom you have this	(e.g., if payments were made to you or to your					
		relationship or indicate none (add rows as	institution)					
		needed)						
		Time frame: Since the initia	l planning of the work					
1	All support for the present	X None						
	manuscript (e.g., funding,							
	provision of study materials,							
	medical writing, article							
	processing charges, etc.) No time limit for this item.							
	No time inine for time item.							
		T:	25 mantha					
2	Grants or contracts from	Time frame: past X None	36 months					
_	any entity (if not indicated	^_NOHE						
	in item #1 above).							
3	Royalties or licenses	XNone						

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	_		

None.			

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