Da	te: 11/13/2022		
Yo	ur Name: Jeffery Shyh	a-Jye Lin	
Ma	nuscript Title: Managen	nent of Male Stress Urin	nary Incontinence in High-Risk Patients: A Narrative
Re	eview		
Ma	nuscript number (if known)	: TAU-22-727(TAU-	-2022-SUI-10)
rel par to rel The ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply muscript only. e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" mede affected by the content of 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 a poort for the work reported.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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 initia	I 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.	None	
		Time frame: past	36 months
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	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending	Boston Scientific	November 4-5, 2022. Covered travel expenses.	
	meetings and/or travel	"Prosthetic Urology		
		Institute: Fellows Course		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
_				
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	None		
13	financial interests	None		
	illanciai iliterests			
Ple	Please summarize the above conflict of interest in the following box:			

JL received travel expenses for "Prosthetic Urology Institute: Fellows Course" from Boston Scientific.

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

Da	ate: 11/14/2022					
Yo	our Name:Alexander	J. Skokan				
Ma	Manuscript Title: Management of Male Stress Urinary Incontinence in High-Risk Patients: A Narrative					
	eview					
Ma	anuscript number (if knov	wn): TAU-22-727(T	AU-2022-SUI-10)			
rel pa to rel Th ma	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 of necessarily indicate a bias it is preferable that you do to the author's relationsh ivities/interests should be ension, you should declare eation is not mentioned in	ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive			
		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 initia	al 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.	None				
		Time frame: pas	t 36 months			
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	None			
9	Participation on a Data Safety Monitoring Board or Advisory Board	None			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None			
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non- financial interests	None			
Ple	Please summarize the above conflict of interest in the following box:				
	None				

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

Da	ite: 11/14/2022			
	ur Name:Hunter B.			
Ma	anuscript Title: Manag	gement of Male Stress U	rinary Incontinence in High-Risk Patients: A Narr	ative
	eview			
Ma	anuscript number (if kno	wn): TAU-22-727(T/	AU-2022-SUI-10)	
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias it is preferable that you do		
Th	e following questions apply	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
ma	nuscript only.			
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other ite	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 initia	l planning of the work	
L	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 26 months	
)	Grants or contracts from	None	t so months	
-	any entity (if not indicated	INUTIE		
	in item #1 above).			
}	Royalties or licenses	None		
	,			
ļ	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	None			
9	Participation on a Data Safety Monitoring Board or Advisory Board	None			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None			
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non- financial interests	None			
Ple	Please summarize the above conflict of interest in the following box:				
	None				

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

	ite: 11/14/2022		
	ur Name:Judith C. H		
Ma	anuscript Title: Manag	ement of Male Stress U	rinary Incontinence in High-Risk Patients: A Narrative
	eview		
Ma	anuscript number (if kno	wn): TAU-22-727(T/	AU-2022-SUI-10)
rel pa to rel	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias it is preferable that you do	Il relationships/activities/interests listed below that are cans 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. ips/activities/interests as they relate to the current
	anuscript only.	to the author's relationship	ips/activities/interests as they relate to the <u>current</u>
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	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.	None	
		Time frame: past	t 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	None	
	Royalties or licenses	None	
	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	None			
9	Participation on a Data Safety Monitoring Board or Advisory Board	None			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None			
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non- financial interests	None			
Ple	Please summarize the above conflict of interest in the following box:				
	None				

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