

ICMJE DISCLOSURE FORM

Date: 1/7/23
 Your Name: Nathan Shaw
 Manuscript Title: Patient decision-making for surgical treatment of post-prostatectomy Stress Urinary Incontinence: A Mixed-Methods Exploratory Pilot Study
 Manuscript number (if known): TAU-22-618

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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Please summarize the above conflict of interest in the following box:

None

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ICMJE DISCLOSURE FORM

Date: 3/12/23
 Your Name: Farnoosh Nik-Ahd
 Manuscript Title: Patient decision-making for surgical treatment of post-prostatectomy Stress Urinary Incontinence: A Mixed-Methods Exploratory Pilot Study
 Manuscript number (if known): TAU-22-618

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ICMJE DISCLOSURE FORM

Date: 3/12/23
 Your Name: Charles Jones
 Manuscript Title: Patient decision-making for surgical treatment of post-prostatectomy Stress Urinary Incontinence: A Mixed-Methods Exploratory Pilot Study
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ICMJE DISCLOSURE FORM

Date: 3/12/23
 Your Name: Benjamin Breyer
 Manuscript Title: Patient decision-making for surgical treatment of post-prostatectomy Stress Urinary Incontinence: A Mixed-Methods Exploratory Pilot Study
 Manuscript number (if known): TAU-22-618

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ICMJE DISCLOSURE FORM

Date: 3/12/2023
 Your Name: Louise C. Walter
 Manuscript Title: Patient decision-making for surgical treatment of post-prostatectomy Stress Urinary Incontinence: A Mixed-Methods Exploratory Pilot Study
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ICMJE DISCLOSURE FORM

Date: 3/13/23
 Your Name: Rebecca Sudore
 Manuscript Title: Patient decision-making for surgical treatment of post-prostatectomy Stress Urinary Incontinence: A Mixed-Methods Exploratory Pilot Study
 Manuscript number (if known): TAU-22-618

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ICMJE DISCLOSURE FORM

Date: 3/13/23
 Your Name: Mathew Cooperberg
 Manuscript Title: Patient decision-making for surgical treatment of post-prostatectomy Stress Urinary Incontinence: A Mixed-Methods Exploratory Pilot Study
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ICMJE DISCLOSURE FORM

Date: 3/13/2023
 Your Name: Caitlin Baussan
 Manuscript Title: Patient decision-making for surgical treatment of post-prostatectomy Stress Urinary Incontinence: A Mixed-Methods Exploratory Pilot Study
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ICMJE DISCLOSURE FORM

Date: 3/12/23
 Your Name: Kathryn Quanstrom
 Manuscript Title: Patient decision-making for surgical treatment of post-prostatectomy Stress Urinary Incontinence: A Mixed-Methods Exploratory Pilot Study
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ICMJE DISCLOSURE FORM

Date: 3-10-2023
 Your Name: Isabel Elaine Allen
 Manuscript Title: Patient decision-making for surgical treatment of post-prostatectomy Stress Urinary Incontinence: A Mixed-Methods Exploratory Pilot Study
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ICMJE DISCLOSURE FORM

Date: 3/10/2023
 Your Name: Lindsay Hampson
 Manuscript Title: Patient decision-making for surgical treatment of post-prostatectomy Stress Urinary Incontinence: A Mixed-Methods Exploratory Pilot Study
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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.	NIA	1R03AG064372-01 GEMSSTAR grant
		Doris Duke Charitable Foundation	Fund to Retain Clinical Scientists (2015211) grant
		UCSF Pepper Center	Research Education Core Advanced Scholar Award grant
		San Francisco Veterans Affairs Medical Center	Salary support
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Boston Scientific Corporation	Received a payment for development and presentation of a virtual talk on use of artificial urinary sphincters in elderly patients
		American Urological Association	Payment for serving as a course faculty member in their oral boards review course
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	GenitoUrinary Reconstructive Surgeons (GURS)	Serve on board of directors, unpaid
		American Urological Association	Serve as course co-director for the AUA Intern Academy
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 summarize the above conflict of interest in the following box:

I received grant funding and salary support to conduct this research. I held paid and unpaid leadership positions unrelated to this research, as well as received speaker's honoraria for a talk that was on the same topic as this research but was not directly related to this manuscript.

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.