ICMJE DISCLOSURE FORM

Date: 04/07/2023

Your Name: Luke Shumaker

Manuscript Title: Delayed management of artificial urinary sphincter cuff erosion

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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		
Plea	Please summarize the above conflict of interest in the following box:			

None			

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

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

ICMJE DISCLOSURE FORM

Date	e:4/3/23		
You	r Name:Tyler Compher		
Mar	nuscript Title: Dela	yed management of artific	cial urinary sphincter cuff erosion
	nuscript number (if known):		
relat part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply touscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to the	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. I in this manuscript without time limit. For all other items,
		T., 11 1.	
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	institutiony
		needed)	
		Time frame: Since the initia	l planning of the work
1	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.		
	No time innit for this item.		
		Time frame: past	t 36 months
2	Grants or contracts from	x None	
_	any entity (if not indicated		
	in item #1 above).		

Royalties or licenses

Consulting fees

4

x__None

_x__None

_x__None

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events				
6	Payment for expert testimony	_xNone			
7	Support for attending meetings and/or travel	x_None			
8	Patents planned, issued or pending	x_None			
	pending			_	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None			
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			
12	Receipt of equipment,	x_None			
	materials, drugs, medical writing, gifts or other services				
13	Other financial or non-	_xNone			
	financial interests				
	Please summarize the above conflict of interest in the following box:				

None			

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

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

ICMJE DISCLOSURE FORM

Date:3/31/23
Your Name:John Patrick Selph
Manuscript Title: Delayed management of artificial urinary sphincter cuff erosion
Manuscript number (if known): TAU-22-809(TAU-2022-SUI-12)

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	x_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	_xNone	
4	Consulting fees	x_None	

	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	xxNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
	ose summarize the above co	nflict of interest in the follo	owing box:

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

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

5 Payment or honoraria for

form.