

## ICMJE DISCLOSURE FORM

**Date:** 5/8/2023

**Your Name:** Ghazal AMELI

**Manuscript Title:** A New Adjustable Artificial Urinary Sphincter for male Stress Urinary Incontinence (VICTOTM): Preliminary Clinical Results

**Manuscript Number (if known):** TAU-22-779

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.

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)												
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4	Consulting fees	<input checked="" type="checkbox"/> None  <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None  <table border="1"><tr><td>PROMEDON GMBH (INT.) Kolbermoor, Germany</td><td>Support for attending American Urological Association meeting 2022</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	PROMEDON GMBH (INT.) Kolbermoor, Germany	Support for attending American Urological Association meeting 2022					
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None  <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None  <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None  <table border="1"><tr><td></td><td></td></tr></table>							

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	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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

Ghazal AMELI supported attending the American Urological Association meeting in 2022 by PROMEDON GMBH (INT.) Kolbermoor, Germany

**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.

## ICMJE DISCLOSURE FORM

**Date:** 08.05.2023

**Your Name:** Tanja Hüscher

**Manuscript Title:** A New Adjustable Artificial Urinary Sphincter for male Stress Urinary Incontinence (VICTO): Preliminary Clinical Results

**Manuscript Number (if known):** TAU-22-779

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		Personal fees from Photocure outside the submitted work	

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

[Tanja Hüsche received Personal fees from Photocure outside the submitted work]

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.

## ICMJE DISCLOSURE FORM

**Date:** 10/19/2023

**Your Name:** Wilhelm Alexander Hübner

**Manuscript Title:** A New Adjustable Artificial Urinary Sphincter for male Stress Urinary Incontinence (VICTO): Preliminary Clinical Results

**Manuscript Number (if known):** TAU-22-779

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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.

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Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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4	Consulting fees	<input checked="" type="checkbox"/> None	
		Boston scientific	Proctoring
		Promedon	Proctoring
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Travel support	Karl Landsteiner Institute Korneuburg
			Promedon
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Participation on Advisory Board outside the submitted work	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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)
11	Stock or stock options	<input type="checkbox"/> None	
		Uromedica	
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:**

[Wilhelm Alexander Hübner received Proctoring from Boston Scientific and Promedon and received travel support from Karl Landsteiner Institute Korneuburg and Promedon. Wilhelm Alexander Hübner participated on the Advisory Board outside the submitted work. Wilhelm Alexander Hübner received stock or stock options from Uromedica.]

**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.



## ICMJE DISCLOSURE FORM

**Date:** 5/8/2023

**Your Name:** Peter Weibl

**Manuscript Title:** A New Adjustable Artificial Urinary Sphincter for male Stress Urinary Incontinence (VICTO): Preliminary Clinical Results

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