Date: <u>December 9</u>	, 2021
Your Name: Yua	n-zhuo Chen
Manuscript Title:	Educational value assessment of YouTube surgical videos of TVT-O and TOT
Manuscript number (i	f known):
related to the content	sparency, we ask you to disclose all relationships/activities/interests listed below that are of your manuscript. "Related" means any relation with for-profit or not-for-profit third its may be affected by the content of the manuscript. Disclosure represents a commitment

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

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 <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) 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.	XNone	
		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	XNone	

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

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

Dat	e: <u>December 9, 2021</u>		
Υοι	ır Name: <u>Liao Peng</u>		
Ма	nuscript Title: <u>Educ</u>	cational value assessment	of YouTube surgical videos of TVT-O and TOT
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 do so.
	e following questions apply nuscript only.	to the author's relations	hips/activities/interests as they relate to the <u>current</u>
to t		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive
In i		pport for the work report	ed in this manuscript without time limit. For all other items
		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 initi	ial planning of the work
ı İ	All support for the present	X None	
L	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		

Royalties or licenses

Consulting fees

4

_X__None

X__None

Fayment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel
speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending XNone
manuscript writing or educational events 6 Payment for expert testimony 7 Support for attendingX_None
educational events 6 Payment for expertX_None To Support for attendingX_None 7 Support for attendingX_None
6 Payment for expertX_None
testimony
7 Support for attendingX_None
meetings and, or date.
8 Patents planned, issued orXNone
pending
Ferrang
9 Participation on a DataXNone
Safety Monitoring Board or Advisory Board
10 Leadership or fiduciary roleXNone
in other board, society,
committee or advocacy
group, paid or unpaid
11 Stock or stock optionsX_None
Zanone
12 Receipt of equipment,X_None
materials, drugs, medical
writing, gifts or other
services
13 Other financial or non- X None
financial interests
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.

Date	e: <u>December 9, 2021</u>		
You	r Name: <u>Bo-ya Li</u>		
Mar	nuscript Title: <u>Educ</u>	ational value assessment	of YouTube surgical videos of TVT-O and TOT
Mar	nuscript number (if known)):	
rela part to ti	ted to the content of your ies whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill 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 <u>current</u>
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	em #1 below, report all su time frame for disclosure i		ed in this manuscript without time limit. For all other items
		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	montaile.i/
		needed)	
		Time frame: Since the initia	al 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 minit for tims item.		
		Time frame: pas	st 36 months
	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		+
	Royalties or licenses	X None	
	no failles of ficefises		

Consulting fees

4

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	XNone	
	,		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
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	
11	Stock of Stock options	xnone	
12	Receipt of equipment,	X_None	
12	materials, drugs, medical	X_IVOIIC	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
	ase summarize the above c	onflict of interest in the fol	lowing box:
Dla	ase place an "X" next to the	following statement to in	dicate vour agreement:

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

Date: <u>December 9</u> Your Name: <u>Jia-</u> v	
	Educational value assessment of YouTube surgical videos of TVT-O and TOT
Manuscript number (i	f known):
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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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
5	lectures, presentations,	^NONE	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	testimony		
7	Support for attending	X None	
′	meetings and/or travel	XNone	
	meetings and, or traver		
0	Detects planted issued as	V. Nana	
8	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	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-	X None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
_			
	None.		
Ple	ase place an "X" next to the	following statement to in	dicate 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.

Date: <u>December 9, 2021</u>				
Your Name:	Shuang Chen			
Manuscript Title: Educational value assessment of YouTube surgical videos of TVT-O and TOT				
Manuscript num	ber (if known):			
In the interest o	f transparency, we ask you to disclose all relationships/activities/interests listed below that are			

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone				
	educational events					
6	Payment for expert testimony	XNone				
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or pending	XNone				
9	Participation on a Data	XNone				
	Safety Monitoring Board or					
10	Advisory Board Leadership or fiduciary role	X None				
10	in other board, society, committee or advocacy group, paid or unpaid					
11	Stock or stock options	XNone				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None				
13	Other financial or non- financial interests	XNone				
	nase summarize the above con	onflict of interest in the fo	lowing box:			
∟ Ple	Please place an "X" next to the following statement to indicate your agreement:					

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form.

	10.000							
Date: <u>December 9, 2021</u>								
Your Name: <u>De-yi Luo</u>								
Manuscript Title: Educa	Manuscript Title: Educational value assessment of YouTube surgical videos of TVT-O and TOT							
Manuscript number (if known)	Manuscript number (if known):							
related to the content of your parties whose interests may be to transparency and does not relationship/activity/interest, i	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	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						
The author's relationships/acti to the epidemiology of hyperte medication, even if that medication	ension, you should declare ation is not mentioned in oport for the work reporte	e defined broadly. For example, if your manuscript pertains a 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						

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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
3	Royalties or licenses	XNone				
4	Consulting fees	XNone				

5	Payment or honoraria for	XNone					
	lectures, presentations,						
	speakers bureaus,						
	manuscript writing or						
_	educational events	V. Name					
6	Payment for expert testimony	XNone					
	testimony						
7	Support for attending	XNone					
′	meetings and/or travel	XNone					
	meetings and/or traver						
8	Patents planned, issued or	X None					
٥	pending	XNone					
	pending						
9	Participation on a Data	XNone					
	Safety Monitoring Board or						
10	Advisory Board	V. Nana					
10	Leadership or fiduciary role in other board, society,	XNone					
	committee or advocacy						
	group, paid or unpaid						
11	Stock or stock options	X None					
11	Stock of Stock options						
12	Receipt of equipment,	X None					
12	materials, drugs, medical	X_None					
	writing, gifts or other						
	services						
13	Other financial or non-	X None					
13	financial interests						
	iniancial interests						
Ple	Please summarize the above conflict of interest in the following box:						
	None.						
-		following statement to in	P .				

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