

## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Jingchao Wei

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

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.

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Date: December 10, 2021

Your Name: Shigeng Zhang

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Manuscript number (if known): \_\_\_\_\_

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Date: December 10, 2021

Your Name: Bohan Wang

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

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## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Sheng Liu

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Zhengjia Yang

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

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Your Name: Guoyun Zhou

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Your Name: Jiacheng Qian

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

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Your Name: Yi Fan

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Date: December 10, 2021

Your Name: Zhan Shi

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

I have no conflicts of interest to declare.

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: December 10, 2021

Your Name: Lijun Wan

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

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.

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## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Yongliang Chen

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Jinkui He

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Hui Liang

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Huimin Long

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Shijian Wang

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Hao Wang

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Bing Chen

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Huan Shao

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Binbin Yang

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

Manuscript number (if known): \_\_\_\_\_

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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	<input checked="" type="checkbox"/> None	
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:

<p><b>I have no conflicts of interest to declare.</b></p>
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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: December 10, 2021

Your Name: Chengfang Sun

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

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 **current manuscript only**.

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)
<b>Time frame: Since the initial planning of the work</b>			
1	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>	<u>X</u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Qi Huangfu

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Chuanjun Du

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Ming Cai

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: December 10, 2021

Your Name: Jiaming Wen

Manuscript Title: A multicenter retrospective study of transurethral prostate split for benign prostate hyperplasia

Manuscript number (if known): \_\_\_\_\_

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