| Date:      | 2022.03      | 3.05               |  |
|------------|--------------|--------------------|--|
| Your Name  | :            | Yangyun Wang       |  |
| Manuscrip  | t Title:     | Efficacy of p      | pelvic floor magnetic stimulation combined with optimized pelvic floor training of |
| YUN on fer | nale moder   | ate stress urinary | y incontinence and sexual function: a retrospective study                          |
| Manuscrip  | t 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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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.

|   |   | 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. | None  | The Shanghai Key Medical Specialty Program (grant number: ZK2019A03)  Scientific Research Project of Shanghai Municipal Health and Family Planning Commission (grant number: 201940006) |
|   |   | 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   | <b>X</b> None   |   |

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

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

| Date:                | 022.03.05  |
|----------------------|--|
| Your Name:           | Chaoliang Shi  |
| <b>Manuscript Ti</b> | : Efficacy of pelvic floor magnetic stimulation combined with optimized pelvic floor training of |
| YUN on femal         | noderate stress urinary incontinence and sexual function: a retrospective study                  |
| Manuscript no        | ber (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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|   |   | 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                              | <b>X</b> None |  |
|----|---|---------------|--|
|    | lectures, presentations,                              |               |  |
|    | speakers bureaus,<br>manuscript writing or            |               |  |
|    | educational events                                    |               |  |
| 6  | Payment for expert                                    | <b>X</b> None |  |
|    | testimony   |               |  |
|    |   |               |  |
| 7  | Support for attending meetings and/or travel          | <b>X</b> None |  |
|    | -   |               |  |
|    |   |               |  |
| 8  | Patents planned, issued or                            | <b>X</b> None |  |
|    | pending   |               |  |
| 9  | Davidialization on a Data                             | V N           |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or | <b>X</b> None |  |
|    | Advisory Board  |               |  |
| 10 | Leadership or fiduciary role                          | <b>X</b> None |  |
|    | in other board, society,                              |               |  |
|    | committee or advocacy                                 |               |  |
|    | group, paid or unpaid                                 |               |  |
| 11 | Stock or stock options                                | <b>X</b> None |  |
|    |   |               |  |
| 12 | Descipt of accions and                                | V N           |  |
| 12 | Receipt of equipment, materials, drugs, medical       | <b>X</b> None |  |
|    | writing, gifts or other                               |               |  |
|    | services  |               |  |
| 13 | Other financial or non-                               | <b>X</b> None |  |
|    | financial interests                                   |               |  |
|    |   |               |  |
|    |   |               |  |

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

| Date:         | 2022.03.05   |
|---------------|--|
| Your Name:    | Dan Zhou   |
| Manuscript Ti | le: Efficacy of pelvic floor magnetic stimulation combined with optimized pelvic floor training of |
| YUN on femal  | moderate stress urinary incontinence and sexual function: a retrospective study                    |
| Manuscript nu | mber (if known):   |

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|   |   | 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 | XNone |  |
|----|--|-------|--|
| 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<br>Safety Monitoring Board or<br>Advisory Board                                      | XNone |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid   | XNone |  |
| 11 | Stock or stock options   | XNone |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                    | XNone |  |
| 13 | Other financial or non-<br>financial interests   | XNone |  |
|    |  |       |  |

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

| Date:               | 2022.03    | .05             |  |
|---------------------|------------|-----------------|--|
| Your Name:_         | \          | Vandong Yu      |  |
| <b>Manuscript T</b> | itle:      | Efficacy of     | pelvic floor magnetic stimulation combined with optimized pelvic floor training of |
| YUN on fema         | ile modera | te stress urina | ry incontinence and sexual function: a retrospective study                         |
| Manuscript n        | number (if | known):         |  |

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

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

| Date:         | 2022.03.05  |
|---------------|---|
| Your Name:    | Wei Jiao  |
| Manuscript Ti | e: Efficacy of pelvic floor magnetic stimulation combined with optimized pelvic floor training or |
| YUN on femal  | moderate stress urinary incontinence and sexual function: a retrospective study                   |
| Manuscript nu | nber (if known):  |

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | Time frame: pastXNone   | 36 months   |
| 3 | Royalties or licenses   | XNone   |   |
| 4 | Consulting fees   | XNone   |   |

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

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

| Date:20   | 022.03.05  |  |
|---|--|--|
| Your Name:  | Guowei Shi   |  |
| Manuscript Title:   | Efficacy of pelvic floor magnetic stimulation combined with optimized pelvic floor training of |  |
| /UN on female moderate stress urinary incontinence and sexual function: a retrospective study |  |  |
| Manuscript num  | per (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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| 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  | <b>X</b> None |  |
| 7  | Support for attending meetings and/or travel  | <b>X</b> None |  |
|    | meetings and/or travel  |               |  |
|    |   |               |  |
| 8  | Patents planned, issued or pending  | <b>X</b> None |  |
|    | pending   |               |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or                                     | <b>X</b> None |  |
|    | Advisory Board  |               |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy               | <b>X</b> None |  |
|    |   |               |  |
|    | group, paid or unpaid   |               |  |
| 11 | Stock or stock options  | <b>X</b> None |  |
|    |   |               |  |
| 1  | Receipt of equipment,   | <b>X</b> None |  |
|    | materials, drugs, medical writing, gifts or other   |               |  |
| 13 | Other financial or non-<br>financial interests  | <b>X</b> None |  |
| _  |   |               |  |
|    |   |               |  |
|    |   |               |  |

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