Date:N	Лаг. 20 th , 2022	
Your Name	: Wenbin Huang	
Manuscript	t Title: Association of sensorineural hearing loss and pseudoexfoliation syndrome: A Meta-Analy	ysis
Manuscript	t number (if known): <u>AES-21-68-CL</u>	

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 manuscript only</u>.

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	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	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
_	educational events	V N			
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
/	meetings and/or travel	xnone			
	meetings and/or traver				
0	Determination and included an	V. Nana			
8	Patents planned, issued or pending	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
4.0	Advisory Board	V N			
10	Leadership or fiduciary role	XNone			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11		X None			
11	Stock or stock options	XNone			
12	Receipt of equipment,	V None			
12	materials, drugs, medical	X_None			
	writing, gifts or other				
	services				
13	Other financial or non-	V None			
13	financial interests	XNone			
	inialiciai inici ests				
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:		
_					
	None.				

Date: Ma	r. 20 th , 2022
Your Name: _	Jifa Kuang
Manuscript T	itle: Association of sensorineural hearing loss and pseudoexfoliation syndrome: A Meta-Analys
Manuscript n	umber (if known): <u>AES-21-68-CL</u>

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 manuscript only</u>.

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	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	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
_	educational events	V N			
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
/	meetings and/or travel	xnone			
	meetings and/or traver				
0	Determination and included an	V. Nana			
8	Patents planned, issued or pending	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
4.0	Advisory Board	V N			
10	Leadership or fiduciary role	XNone			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11		X None			
11	Stock or stock options	XNone			
12	Receipt of equipment,	V None			
12	materials, drugs, medical	X_None			
	writing, gifts or other				
	services				
13	Other financial or non-	V None			
13	financial interests	XNone			
	inialiciai inici ests				
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:		
_					
	None.				

Date: Ma	ar. 20 th , 2022
Your Name:	Feilan Chen
Manuscript 1	Fitle: Association of sensorineural hearing loss and pseudoexfoliation syndrome: A Meta-Analysi
Manuscript i	number (if known): <u>AES-21-68-CL</u>

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 manuscript only</u>.

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	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	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
_	educational events	V N			
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
/	meetings and/or travel	xnone			
	meetings and/or traver				
0	Determination and included an	V. Nana			
8	Patents planned, issued or pending	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
4.0	Advisory Board	V N			
10	Leadership or fiduciary role	XNone			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11		X None			
11	Stock or stock options	XNone			
12	Receipt of equipment,	V None			
12	materials, drugs, medical	X_None			
	writing, gifts or other				
	services				
13	Other financial or non-	V None			
13	financial interests	XNone			
	inialiciai inici ests				
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:		
_					
	None.				

Date:	Mar.	20 th , 2022						
Your Na	me:	Yu Fu						
Manusc	ript Titl	e: Association of	sensorineural hea	ring loss and	l pseudoexfol	iation syndron	ne: A Meta-Ana	lysis
Manusc	ript nui	mber (if known):	AES-21-68-CL					

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 manuscript only</u>.

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	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	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
_	educational events	V N			
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
/	meetings and/or travel	xnone			
	meetings and/or traver				
0	Determination and included an	V. Nana			
8	Patents planned, issued or pending	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
4.0	Advisory Board	V N			
10	Leadership or fiduciary role	XNone			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11		X None			
11	Stock or stock options	XNone			
12	Receipt of equipment,	V None			
12	materials, drugs, medical	X_None			
	writing, gifts or other				
	services				
13	Other financial or non-	V None			
13	financial interests	XNone			
	inialiciai inici ests				
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:		
_					
	None.				