| Date:2023-05-10 | |
|----------------------------------|--|
| Your Name: Hongxin Guo | |
| Manuscript Title: 2-finger digit | al rectal examination for the diagnosis of anal fistula: protocol for a randomized |
| controlled trial | |
| 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 <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) |
|---|---|--|---|
| 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. | Time frame: Since the initial √None | planning of the work |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | vNone | |
| 3 | Royalties or licenses | v_None | |
| 4 | Consulting fees | VNone | |

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|------|--|-------------------------------|------------|---|
| | | | | |
| 5 | Payment or honoraria for | vNone | | |
| | lectures, presentations, speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | √ None | | _ |
| | testimony | | | _ |
| | , | | | _ |
| 7 | Support for attending meetings and/or travel | vNone | | |
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| | | | | |
| 8 | Patents planned, issued or | vNone | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | vNone | | |
| | Safety Monitoring Board or Advisory Board | | | |
| 10 | Leadership or fiduciary role | √ None | | |
| 10 | in other board, society, | vnone | | _ |
| | committee or advocacy | | | _ |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | v_None | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | vNone | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| 13 | services Other financial or non- | √ None | | |
| 13 | financial interests | vnone | | |
| | iniancial interests | | | _ |
| Plea | ase summarize the above co | nflict of interest in the fol | owing box: | |
| | | | | |
| Г | r. Guo has nothing to disclose. | | | |
| [| Jud Had Hadring to disciose. | | | |
| | | | | |
| | | | | |

| Date:2023-05-10 |
|--|
| Your Name: Congcong Zhi |
| Manuscript Title: 2-finger digital rectal examination for the diagnosis of anal fistula: protocol for a randomized |
| controlled trial |
| 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 <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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 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. | \langle _None | pranning of the work |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: past | 36 months |
| 3 | Royalties or licenses | vNone | |
| 4 | Consulting fees | vNone | |

| | | | | _ |
|------|---------------------------------|--------------------------------|------------|---|
| | | | | |
| 5 | Payment or honoraria for | v_None | | |
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | v_None | | |
| | testimony | | | |
| | | | | |
| 7 | Support for attending | v_None | | |
| | meetings and/or travel | | | |
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| 0 | Detects planted issued as | of Name | | |
| 8 | Patents planned, issued or | | | _ |
| | pending | | | _ |
| | <u> </u> | , | | _ |
| 9 | Participation on a Data | v_None | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | v_None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | v_None | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | vNone | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | v_None | | |
| | financial interests | | | |
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| Plea | ise summarize the above co | nflict of interest in the foll | owing box: | |
| | | | | |
| D | r. Zhi has nothing to disclose. | | | |
| | - | | | |
| | | | | |
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| te:2023-05-10 | |
|---|--------------------|
| ur Name: Xin Li | |
| anuscript Title: 2-finger digital rectal examination for the diagnosis of anal fistula: protoco | I for a randomized |
| ntrolled trial | |
| anuscript 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 <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) |
|---|---|--|---|
| 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. | Time frame: Since the initial √None | planning of the work |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | vNone | |
| 3 | Royalties or licenses | v_None | |
| 4 | Consulting fees | VNone | |

| 5 | Payment or honoraria for | v_None | | | |
|------|---|--------|--|--|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or educational events | | | | |
| 6 | Payment for expert | √ None | | | |
| 0 | testimony | vNone | | | |
| | testimony | | | | |
| 7 | Support for attending | √ None | | | |
| | meetings and/or travel | | | | |
| | - | | | | |
| | | | | | |
| 8 | Patents planned, issued or | v_None | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | vNone | | | |
| | Safety Monitoring Board or | | | | |
| 40 | Advisory Board | / 1 | | | |
| 10 | Leadership or fiduciary role in other board, society, | | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | √ None | | | |
| | • | | | | |
| | | | | | |
| 12 | Receipt of equipment, | vNone | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other services | | | | |
| 13 | Other financial or non- | √ None | | | |
| 13 | financial interests | vNone | | | |
| | di ilitai ada | | | | |
| | | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | | |
| D | Dr. Li has nothing to disclose. | | | | |

| Date:2023-05-10 | _ |
|--|-----------|
| Your Name: Yuying Shi | |
| Manuscript Title: 2-finger digital rectal examination for the diagnosis of anal fistula: protocol for a ra | andomized |
| controlled trial | |
| 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 <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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 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. | \langle _None | pranning of the work |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pastVNone | 36 months |
| 4 | Royalties or licenses Consulting fees | VNone | |

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|------|--|--------------------------------|------------|---|
| | | | | |
| 5 | Payment or honoraria for | v_None | | |
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | v_None | | |
| | testimony | | | |
| | | | | _ |
| 7 | Support for attending meetings and/or travel | v_None | | |
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| | | | | |
| 8 | Patents planned, issued or | vNone | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | v_None | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | v_None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | _ |
| 11 | Stock or stock options | VNone | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | vNone | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | _ |
| 13 | Other financial or non- | vNone | | |
| | financial interests | | | |
| | | | | |
| Plea | se summarize the above co | nflict of interest in the foll | owing box: | |
| _ | | | | |
| D | r. Shi has nothing to disclose. | | | |
| | | | | |
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| Date:2023-05-10 | |
|--|--------|
| Your Name: Yicheng Cheng | |
| Manuscript Title: 2-finger digital rectal examination for the diagnosis of anal fistula: protocol for a rand | omized |
| controlled trial | |
| 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 <u>current</u> <u>manuscript only</u>.

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| | | 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) |
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| 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. | \langle _None | pranning of the work |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pastVNone | 36 months |
| 4 | Royalties or licenses Consulting fees | VNone | |

| 5 | l * | v_None | | |
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| | lectures, presentations, speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | √ None | | |
| | testimony | | | |
| | | | | |
| 7 | Support for attending meetings and/or travel | vNone | | |
| | | | | |
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| 8 | Patents planned, issued or | vNone | | |
| | pending | | | |
| 9 | Participation on a Data | √ None | | |
| | Safety Monitoring Board or | vNone | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | v_None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| 11 | group, paid or unpaid Stock or stock options | √ None | | |
| 11 | Stock of Stock options | vNone | | |
| | | | | |
| 12 | Receipt of equipment, | v_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other services | | | |
| 13 | Other financial or non- | v_None | | |
| | financial interests | | | |
| | | | | |
| Plea | ase summarize the above co | onflict of interest in the fo | llowing box: | |
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| [| r. Cheng has nothing to disclos | e. | | |
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| Date:2023-05-10 | |
|--|---------|
| Your Name: Ningyuan Liu | |
| Manuscript Title: 2-finger digital rectal examination for the diagnosis of anal fistula: protocol for a random content of the diagnosis of anal fistula: | domized |
| controlled trial | |
| 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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| 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. | \langle _None | pranning of the work |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pastVNone | 36 months |
| 4 | Royalties or licenses Consulting fees | VNone | |

| 5 | Payment or honoraria for | vNone | |
|-----|--|-------------------------------|-------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | √ None | |
| | testimony | | |
| | testimony | | |
| 7 | Support for attending | √ None | |
| | meetings and/or travel | | |
| | g : , , , , , , , , , , , , , , , , , , | | |
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| 8 | Patents planned, issued or | v_None | |
| | pending | | |
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| 9 | Participation on a Data | v_None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | vNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | √ None | |
| 11 | Stock of Stock options | vnone | |
| | | | |
| 12 | Receipt of equipment, | vNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | vNone | |
| | financial interests | | |
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| Ple | ase summarize the above co | inflict of interest in the fo | lowing box: |
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| | Or. Liu has nothing to disclose. | | |
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| Date:2023-05-10 | |
|---|-----|
| Your Name: Zichen Huang | |
| Manuscript Title: 2-finger digital rectal examination for the diagnosis of anal fistula: protocol for a randomi | zed |
| controlled trial | |
| 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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| | | 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. | √None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | v_None | |
| 3 | Royalties or licenses | vNone | |
| 4 | Consulting fees | vNone | |

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|-----|--|-------------------------------|--------------|
| 5 | Payment or honoraria for | v_None | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| _ | Payment for expert | -/ Nana | |
| 6 | testimony | vNone | |
| | testimony | | |
| 7 | Cupport for attending | a/ None | |
| / | Support for attending meetings and/or travel | vNone | |
| | lifeetings and/or traver | | |
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| | | | |
| 8 | Patents planned, issued or | vNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | v_None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | vNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | √ None | |
| 11 | Stock of Stock options | vNone | |
| | | | |
| 12 | Receipt of equipment, | √ None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | v_None | |
| | financial interests | | |
| | | | |
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| | | | |
| Ple | ase summarize the above co | onflict of interest in the fo | llowing box: |
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| [| Or. Huang has nothing to disclos | e. | |
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| - 1 | | | |

| Date: May 7, 2023 | |
|---|------------------------------|
| Your Name: Irini Youssef | |
| Manuscript Title: 2-finger digital rectal examination for the diagnosis of anal fistula | a: protocol for a randomized |
| controlled trial | |
| 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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| | | 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 | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | | | |
| | | | |
| 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 | XNone | |
| | | | |
| 12 | Descipt of aguinment | V None | |
| 12 | Receipt of equipment, materials, drugs, medical | XNone | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| 10 | financial interests | | |
| | | | |
| | | | |
| | | | |
| Dlo | ase summarize the above o | anflict of interest in the | following hov: |
| rie | ase summarize the above to | omination interest in the | ionowing boy. |
| | None. | | |
| | None. | | |
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| DIA | ase place an "Y" next to the | fallaudaa statamant ta | indicate very 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: May 4, 2023 |
|--|
| Your Name: Renata D'Alpino Peixoto |
| Manuscript Title: 2-finger digital rectal examination for the diagnosis of anal fistula: protocol for a randomized |

relationship/activity/interest, it is preferable that you do so.

controlled trial

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

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

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| | | 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 | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert | SERVIER BAYER MERCK ASTRA ZENECA XNone |
|----|--|---|
| | testimony | |
| 7 | Support for attending meetings and/or travel | ROCHE IPSEN |
| 8 | Patents planned, issued or pending | XNone |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ASTRA ZENECA BMS SERVIER BAYER ASTELLAS PFIZER |
| 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 | XNone |
| 13 | Other financial or non- financial interests | XNone |

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

| Dr. Peixoto reports payment from | SERVIER, BAYER, | MERCK and AS | STRA ZENECA; su | pport for attend | ing ASCO and |
|----------------------------------|-------------------|--------------|------------------|------------------|---------------|
| ESMO from ROCHE and IPSEN, fee | for lectures fron | n ASTRAZENEC | A, BMS, SERVIER, | , BAYER, ASTELL | AS and PFIZER |

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

| Date: | May | 7, | 2023 |
|-------|-----|----|------|
|-------|-----|----|------|

Your Name: Pasquale Cianci

Manuscript Title: 2-finger digital rectal examination for the diagnosis of anal fistula: protocol for a randomized

controlled trial

| 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 <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 | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | | | |
| | | | |
| 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 | XNone | |
| | | | |
| 12 | Descint of annings and | V None | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| 13 | financial interests | X_None | |
| | maricial interests | | |
| | | | |
| | | | |
| Dla | ase summarize the above c | anflict of interest in the | following hove |
| rie | ase summarize the above t | omnet of interest in the | onowing box. |
| | None. | | |
| | None. | | |
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| DIA | ase place an "Y" nevt to the | following statement to | indicata vaur agraamanti |

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

form.

| Date:2023-05-10 |
|--|
| Your Name: Lihua Zheng |
| Manuscript Title: 2-finger digital rectal examination for the diagnosis of anal fistula: protocol for a randomized |
| controlled trial |
| 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 <u>current</u> <u>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. | √None | | | | |
| | Time frame: past 36 months | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | vNone | | | | |
| 3 | Royalties or licenses | v_None | | | | |
| 4 | Consulting fees | vNone | | | | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | vNone | | |
|------|---|-------------------------------|--------------|---|
| | | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | √ None | | _ |
| | testimony | | | |
| | | | | |
| 7 | Support for attending meetings and/or travel | vNone | | |
| | | | | |
| | | | | |
| 8 | Patents planned, issued or | vNone | | |
| | pending | | | _ |
| 9 | Participation on a Data | √ None | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | _ |
| 10 | Leadership or fiduciary role in other board, society, | v_None | | |
| | | | | |
| | committee or advocacy | | | |
| 11 | group, paid or unpaid Stock or stock options | √ None | | |
| 11 | Stock of Stock options | v_none | | _ |
| | | | | |
| 12 | Receipt of equipment, | vNone | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other services | | | |
| 13 | Other financial or non- | v_None | | |
| | financial interests | | | |
| | | | | |
| Plea | ase summarize the above co | onflict of interest in the fo | llowing box: | |
| | | | | |
| [| r. Zheng has nothing to disclos | e. | | |
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