ICMJE DISCLOSURE FORM

Date: __4/27/21__
Your Name: __Ioana Marcu__
Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms
Manuscript number (if known): __TAU-21-195-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 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) |
|----|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |
|    | **Time frame:** Since the initial planning of the work | **Time frame: past 36 months** |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3  | Royalties or licenses | None |
| 4  | Consulting fees | None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |
| 6 | Payment for expert testimony                                                | None   |
| 7 | Support for attending meetings and/or travel                                | None   |
| 8 | Patents planned, issued or pending                                          | None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None   |
| 11| Stock or stock options                                                      | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
| 13| Other financial or non-financial interests                                  | None   |

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

I have no conflicts of interest

Please place an “X” next to the following statement to indicate 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.
ICMJE DISCLOSURE FORM

Date: 4/28/2021
Your Name: Jeffrey Gavard
Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms
Manuscript number (if known): TAU-21-195-CL

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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.** | **None**                                                                          |
|    | Time frame: Since the initial planning of the work                                                                 |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).                                         | **None**                                                                          |
| 3  | Royalties or licenses                                                                                               | **None**                                                                          |
| 4  | Consulting fees                                                                                                      | **None**                                                                          |

Time frame: past 36 months
Please summarize the above conflict of interest in the following box:

Dr. Gavard has nothing to disclose

Please place an “X” next to the following statement to indicate 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.
**ICMJE DISCLOSURE FORM**

Date: ___4/26___  
Your Name: ___Golnar Vazirabadi___  
Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms  
Manuscript number (if known): ___TAU-21-195-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.

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|   | 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.** | __x__ None  
|   |   |   |
|   | Time frame: past 36 months |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __x__ None  
|   |   |   |
| 3 | Royalties or licenses | __x__ None  
|   |   |   |
| 4 | Consulting fees | __x__ None  
|   |   |   |
|   | Conflict of Interest                                                                 | Response |
|---|-------------------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _x_ None |
| 6 | Payment for expert testimony                                                         | _x_ None |
| 7 | Support for attending meetings and/or travel                                         | _x_ None |
| 8 | Patents planned, issued or pending                                                    | _x_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                    | _x_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x_ None |
|11 | Stock or stock options                                                               | _x_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services      | _x_ None |
|13 | Other financial or non-financial interests                                            | _x_ None |

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

Dr. Vazirabadi has no conflicts of interest to disclose

Please place an “X” next to the following statement to indicate 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.
ICMJE DISCLOSURE FORM

Date: 4/29/2021
Your Name: __Joe Shi__
Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms
Manuscript number (if known): _TAU-21-195-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.

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|   | **No time limit for this item.** |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |

**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

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

I have no conflicts of interest

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

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| **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). | **None**                                                                         |
| **3** | Royalties or licenses                                                          | **None**                                                                         |
| **4** | Consulting fees                                                               | **None**                                                                         |
Please summarize the above conflict of interest in the following box:

Dr. Steele has no conflicts of interest to disclose.

Please place an “X” next to the following statement to indicate 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.
ICMJE DISCLOSURE FORM

Date: _4/27/2021_
Your Name: __Fah Che Leong__
Manuscript Title: _Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms_
Manuscript number (if known): _TAU-21-195-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 current manuscript only.

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | **Time frame: Since the initial planning of the work**                                         |                                                                                  |
|   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ____None                                                                          |
|   | **No time limit for this item.**                                                               |                                                                                  |
| 2 | **Time frame: past 36 months**                                                                  |                                                                                  |
|   | Grants or contracts from any entity (if not indicated in item #1 above).                       | ____None                                                                          |
| 3 | Royalties or licenses                                                                          | ____None                                                                          |
| 4 | Consulting fees                                                                                | ____None                                                                          |
|   | Description                                                                 | Response |
|---|------------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None     |
| 6 | Payment for expert testimony                                                 | None     |
| 7 | Support for attending meetings and/or travel                                 | None     |
| 8 | Patents planned, issued or pending                                          | None     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | None     |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None     |
| 11| Stock or stock options                                                       | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None     |
| 13| Other financial or non-financial interests                                   | None     |

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

Dr. Leong has no conflicts of interest

Please place an “X” next to the following statement to indicate 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.
ICMJE DISCLOSURE FORM

Date: __4/27/2021__
Your Name: __Mary T McLennan__
Manuscript Title: __Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms__
Manuscript number (if known): __TAU-21-195-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.

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|   |                                                                                                 | **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).                       | ____None                                                                          |
| 3 | Royalties or licenses                                                                           | ____None                                                                          |
| 4 | Consulting fees                                                                                 | ____None                                                                          |
|   |   |
|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

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

Dr. McLennan has no conflicts of interest

Please place an “X” next to the following statement to indicate 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.
ICMJE DISCLOSURE FORM

Date: 4/26/21  
Your Name: Jennifer Bickhaus  
Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms  
Manuscript number (if known): TAU-21-195-CL

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|   | **No time limit for this item.**                                                                 |                                                                                  |

|   | Time frame: Since the initial planning of the work |
|---|---------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |

|   | Time frame: past 36 months |
|---|-----------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   | Question                                                                 | Disclosure Status |
|---|--------------------------------------------------------------------------|-------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None              |
| 6 | Payment for expert testimony                                             | None              |
| 7 | Support for attending meetings and/or travel                             | None              |
| 8 | Patents planned, issued or pending                                       | None              |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board         | None              |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None              |
|11 | Stock or stock options                                                   | None              |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None              |
|13 | Other financial or non-financial interests                                | None              |

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

I have no conflicts of interest to disclose.

Please place an “X” next to the following statement to indicate 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.
ICMJE DISCLOSURE FORM

Date: 4/28/2021
Your Name: **Brigid Holloran Schwartz**
Manuscript Title: **Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms**
Manuscript number (if known): **TAU-21-195-CL**

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| 1 | **All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)**<br>No time limit for this item. | **None**                                                                             |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | **None**                                                                             |
| 3 | Royalties or licenses | **None**                                                                             |
| 4 | Consulting fees | **None**                                                                             |
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |
| 6 | Payment for expert testimony                                                 | None   |
| 7 | Support for attending meetings and/or travel                                  | None   |
| 8 | Patents planned, issued or pending                                           | None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | None   |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None   |
|11 | Stock or stock options                                                       | None   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
|13 | Other financial or non-financial interests                                    | None   |

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

Dr. Schwartz has no conflicts of interest to disclose

Please place an “X” next to the following statement to indicate 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.
ICMJE DISCLOSURE FORM

Date: 5/1/2021
Your Name: Patrick Yeung Jr
Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms
Manuscript number (if known): TAU-21-195-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.

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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. | x None |
|2 | Grants or contracts from any entity (if not indicated in item #1 above). | x None |
|3 | Royalties or licenses | x None |
|4 | Consulting fees | x None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 |   |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | x None |
| 6 | Payment for expert testimony                                                  | x None |
| 7 | Support for attending meetings and/or travel                                   | x None |
| 8 | Patents planned, issued or pending                                            | x None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | x None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | x None |
| 11| Stock or stock options                                                        | x None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | x None |
| 13| Other financial or non-financial interests                                     | x None |

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

Dr. Yeung has no conflicts of interest.

Please place an “X” next to the following statement to indicate 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.
ICMJE DISCLOSURE FORM

Date: 4/29/21  
Your Name: __Eugen Campian__  
Manuscript Title: Cystoscopic Findings in Women with Minimal and Maximal Lower Urinary Tract Symptoms  
Manuscript number (if known): __TAU-21-195-CL__

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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. | ____None |

|   | Time frame: since the initial planning of the work |
|---|---------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____None |
| 3 | Royalties or licenses | ____None |
| 4 | Consulting fees | ____None |
|   | Conflict of Interest Description                                                                 | Disclosure |
|---|-------------------------------------------------------------------------------------------------|------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None       |
| 6 | Payment for expert testimony                                                                   | None       |
| 7 | Support for attending meetings and/or travel                                                    | None       |
| 8 | Patents planned, issued or pending                                                               | None       |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                               | None       |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None       |
|11 | Stock or stock options                                                                          | None       |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                | None       |
|13 | Other financial or non-financial interests                                                        | None       |

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

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