

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

D'Andrea 1



Section 1.	Identifying Inform	nation		
Given Name (First Name) Anthony		2. Surname (Last Name) D'Andrea	3. Date 01-April-2017	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Patricia Sylla	
5. Manuscript Title Transanal minima rectal cancers		AMIS): validating short an	d long-term benefits for excision of benign and early stage	
6. Manuscript Iden	itifying Number (if you kn	now it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the su statistical analysis, e	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	submitted work.	
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Section 4.	Later Headers I De	to Details 0.Com		
	Intellectual Proper	ty Patents & Copyric	jhts ————————————————————————————————————	
Do you have any	patents, whether plans	ned, pending or issued, br	oadly relevant to the work? Yes V No	

D'Andrea 2



Section 5. Polationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. D'Andrea has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

D'Andrea



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Duggan 1



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1. Given Name (First Name) Erin		2. Surname (Last Name) Duggan	3. Date 01-April-2017	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Patricia Sylla	
5. Manuscript Title Transanal minimally invasive surgery (TAMIS): validating short and long-term benefits for excision of benign and early stage rectal cancers				
6. Manuscript Ider	ntifying Number (if you kr	now it)		
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Do you have any	•		oroadly relevant to the work? Yes V No	

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Sylla 1



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1. Given Name (First Name) Patricia		2. Surname (Last Name) Sylla			3. Date 01-April-2017	
4. Are you the corresponding author?		✓ Yes No				
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	ı					
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Sylla 2



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