ICMJE DISCLOSURE FORM

Date:	_01/19/2023
Your Name:	Nicolette Winder
Manuscript Ti	tle:Robotic Para-Aortic Lymphadenectomy for Isolated Colorectal Malignancy Recurrence: A Case
Report	
Manuscript nu	umber (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.

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.) No time limit for this item.	Time frame: Since the initial XNone	planning of the work
		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	5 Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Nava	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	J ,		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	,		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
			1
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Please summarize the above conflict of interest in the following box:

None			

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: 1/16/2023

Your Name: Jorge Marcet, MD

Manuscript Title: Robotic peri-aortic lymphadenectomy for isolated colorectal malignancy recurrence

Manuscript 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).	_x_None	
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

5	Payment or honoraria for	xNone			
1	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
:	educational events				
6	Payment for expert	x_None			
	testimony				
7	Support for attending meetings and/or travel	xNone			
	,				
8	Patents planned, issued or	x_None			
	pending				
9	Participation on a Data	xNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	x_None			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	x_None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	x_None			
4.0	services	v Nego			
13	Other financial or non-	x_None			
	financial interests				
		1			
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Plea	ise summarize the above co	Please summarize the above conflict of interest in the following box:			

There are no conflicts of interest that are related to the content of this manuscript.		

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 DISC	CLOSURE FORM
Dat	te: 1/16/	12023 Paul Kun	001
	ur Name:	Paul Kuo	Cler
Ma	nuscript Title:	THE THE	
	inuscript number (if known):	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" m e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a
	e following questions apply anuscript only.	to the author's relations	hips/activities/interests as they relate to the <u>current</u>
to	e author's relationships/act the epidemiology of hypert edication, even if that medic	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript.
	item #1 below, report all su e time frame for disclosure i		ted in this manuscript without time limit. For all other items
	_	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)
	第588	Time frame: Since the initi	ial 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	
B.C.C.		Time frame: pa	st 36 months
on the	Grants or contracts from	None	35 30 HIOTHID
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	

Consulting fees

4

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	
Ple	ase summarize the above co	onflict of interest in the follo	wing box:

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

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Plen Kuo

1/16/2023

ICMJE DISCLOSURE FORM

Date: 1/16/2023

Your Name: Anthony J DeSantis

Manuscript Title: Robotic para-aortic lymphadenectomy for isolated colorectal malignancy recurrence

Manuscript number (if known):

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4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations,	xNone			
	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				
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9	Participation on a Data Safety Monitoring Board or	xNone			
	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	Receipt of equipment,	x None			
12	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	xNone			
	financial interests				
Dlas	Please summarize the above conflict of interest in the following box:				
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