

ICMJE DISCLOSURE FORM

Date: 01/19/2023
 Your Name: Nicolette Winder
 Manuscript Title: Robotic Para-Aortic Lymphadenectomy for Isolated Colorectal Malignancy Recurrence: A Case Report
 Manuscript number (if known): _____

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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)
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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:

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

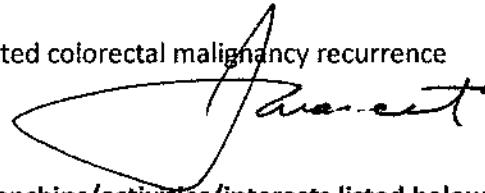
ICMJE DISCLOSURE FORM

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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Date: 1/16/2023
 Your Name: Paul Kuo 
 Manuscript Title: _____
 Manuscript number (if known): _____

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[Handwritten Signature]

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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