Your Name:_RETNAGOWRI RAJANDRAM
Manuscript Title: A Narrative Review: Complete Mesocolic Excision in Right-sided Colonic Cancer Resections: Present
Paradigm and Future Directions" to Annals of Laparoscopic and Endoscopic Surgery

Manuscript number (if known): ALES-23-4 R1

Date: 3rd July 2023

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3	Royalties or licenses	x_None	
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5	Payment or honoraria for	xNone			
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	speakers bureaus,				
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	educational events				
6	Payment for expert	_xNone			
	testimony				
7	Support for attending	xNone			
	meetings and/or travel				
8	Patents planned, issued or	x_None			
	pending				
9	Participation on a Data	x_None			
	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	Receipt of equipment,	xNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	_xNone			
	financial interests				
	Please summarize the	above conflict of interest in the following box:			

None			

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



	ICIVISE DISCESSORE FORM				
Date:	Date: 7/3/2023				
Your Name:	Tak Loon KHONG				
Manuscript Title:	A Narrative Review: Complete Mesocolic Excision in Right-sided Colonic Cancer Resections: Present Paradigm and Future Directions" to Annals of Laparoscopic and Endoscopic Surgery				
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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comm made to you or to you	ents (e.g., if payments were ur institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
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 None					
Plea	Please place an "X" next to the following statement to indicate your agreement:					

Date: 3 rd July 2023				
Your Name: NORA BINTI ABDUL AZIZ				
Manuscript Title: A Narrative Review: Complete Mesocolic Excision in Right-sided Colonic Cancer Resections: Present				
Paradigm and Future Directions" to Annals of Laparoscopic and Endoscopic Surgery				
Manuscript number (if known): <u>ALES-23-4 R1</u>				
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relationship/activity/interest, it is preferable that you do so.				
relationship, activity, interest, it is preferable that you do so.				
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medication, even if that medication is not mentioned in the manuscript.				
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Name all entities with Specifications/Comments				
whom you have this (e.g., if payments were made to you or to your				
relationship or indicate institution)				
none (add rows as				
needed)				

		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 initia	planning of the work
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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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
42	2		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	None	
	inianciai interests		
	Diagram assume a wine the	shove conflict of inter	and the distriction is a second

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:

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

Date: 03/07/2023

Your Name: Mohamed Rezal Abdul Aziz

Manuscript Title: A Narrative Review: Complete Mesocolic Excision in Right-sided Colonic Cancer

Resections: Present Paradigm and Future Directions

Manuscript number (if known): ALES -23-4-R1

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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.	_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 lectures, presentations,	x None	
	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	xNone	
	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	_xNone	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other		
12	services	Name	
13	Other financial or non- financial interests	xNone	
	imanciai interests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:

None.		

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 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 3 July 2023

Your Name: April Camilla Roslani

Manuscript Title: A Narrative Review: Complete Mesocolic Excision in Right-sided Colonic Cancer Resections: Present

Paradigm and Future Directions

Manuscript number (if known): ALES-23-4-R1

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4	All IC II	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	xNone	
	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	None	Johnson & Johnson (Malaysia)
			Medtronic (Malaysia)

			Servier
5	Payment or honoraria for lectures, presentations,	None	As above
	speakers bureaus,		
	manuscript writing or		
	educational events	A1	
6	Payment for expert testimony	None	PS Ranjan & Co., Malaysia
	testimony		
7	Support for attending	None	American College of Surgeons
′	meetings and/or travel	None	American conege of surgeons
	meetings and/or travel		American Society of Colon & Rectal Surgeons
			Malaysian Society of Colorectal Surgeons
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	UMSC Board of Directors
	in other board, society,		UMMC Board of Management
	committee or advocacy group, paid or unpaid		Council member, Academy of Medicine of Malaysia
11	Stock or stock options	xNone	
	Receipt of equipment,		
12		x None	
12	materials, drugs, medical	^_NOTIC	
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
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