## ICMJE DISCLOSURE FORM

Date: 29/12/23

Your Name: Kim-Chi Phan-Thien

Manuscript Title: Robotic TAPP mesh repair of an inguinal hernia using the Hugo™ RAS system – a case report of the

first Australian clinical experience in general surgery

Manuscript number (if known): ALES-23-56-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 <u>current</u> <u>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)			
		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).	Device Technologies Australia	Grants for fellow training			
3	Royalties or licenses	None				
4	Consulting fees	None				

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony  Support for attending	Device Technologies Australia DTG Medical Singapore Medtronic AustralasiaNone	Paid lectureship and proctorship  Paid lectureship and proctorship  Paid lectureship and proctorship
	meetings and/or travel		
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:

Educational grants for fellow-training from Device Technologies Australia
Paid lectureship and proctorship for Device Technologies Australia, Medtronic Australasia and DTG Medical Singapore

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: 29/Dec/23

Your Name: Franceso Bianco

Manuscript Title: Robotic TAPP mesh repair of an inguinal hernia using the Hugo™ RAS system – a case report of the

first Australian clinical experience in general surgery

Manuscript number (if known): ALES-23-56-CL

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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.

to you or to your							
Time frame: past 36 months							

		Intuitive Surgical	Consulting
		Asensus Surgical	Consulting
		Virtual Incision	Consulting
5	Payment or honoraria for lectures, presentations,	Medtronic Global	Paid lectureship and proctorship
		Intuitive Surgical	Paid lectureship and proctorship
	speakers bureaus,	Asensus Surgical	Paid lectureship and proctorship
	manuscript writing or	Virtual Incision	Paid lectureship and proctorship
	educational events		
6	Payment for expert	None	
	testimony		
_			
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	Medtronic Global	Advisory board
9	Safety Monitoring Board or	Meditoriic Globai	Advisory board
	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	
12	Receipt of equipment,	Asensus Surgical	Equipment
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	None	
13	other financial or non- financial interests	None	
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## Please summarize the above conflict of interest in the following box:

Grants, Paid lectureship, proctorship and consulting for Medtronic Global, Intuitive Surgical, Asensus Surgical and Virtual Incision;

Advisory board member of Medtronic Global

Received equipment from Asensus Surgical

# 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: 29/Dec/23

Your Name: Amirala Khalessi

Manuscript Title: Robotic TAPP mesh repair of an inguinal hernia using the Hugo™ RAS system – a case report of the

first Australian clinical experience in general surgery

Manuscript number (if known): ALES-23-56-CL

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	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	Medtronic Australasia	Paid lectureship and proctorship
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	
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13	Other financial or non- financial interests	None	

Please summarize t	the above	conflict of	interest in	the fol	lowing	box
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Paid lectureship and proctorship for Medtronic Australasia				

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.