

ICMJE DISCLOSURE FORM

Date: 07/14/2023

Your Name: Andres D. Oquendo

Manuscript Title: Education For All: Enhancing High-Quality Laparoscopic Surgery Training for Surgeons in Remote Communities of Ecuador.

Manuscript number (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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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).	None	
3	Royalties or licenses	None	
4	Consulting fees	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	

Please summarize the above conflict of interest in the following box:

I have no conflict of interest, and did not receive compensation of any kind for the elaboration of this research.

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: 07/14/2023

Your Name: Juan C. Mejia

Manuscript Title: Education For All: Enhancing High-Quality Laparoscopic Surgery Training for Surgeons in Remote Communities of Ecuador.

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 07/14/2023

Your Name: Sebastian M. Colina

Manuscript Title: Education For All: Enhancing High-Quality Laparoscopic Surgery Training for Surgeons in Remote Communities of Ecuador.

Manuscript number (if known): _____

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Sebastián Colina

ICMJE DISCLOSURE FORM

Date: 07/14/2023

Your Name: Fernando J Torres

Manuscript Title: Education For All: Enhancing High-Quality Laparoscopic Surgery Training for Surgeons in Remote Communities of Ecuador.

Manuscript number (if known): _____

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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.	CEIQ – Cirugía Experimental e Investigación Quirúrgica	For enrollment on the surgical training, participants paid a fee of \$37,5 USD per hour, meaning a total payment of \$1500 USD, which included lessons and honoraria for educating surgeons. This payment was distributed to all three surgeons involved in teaching including my person.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

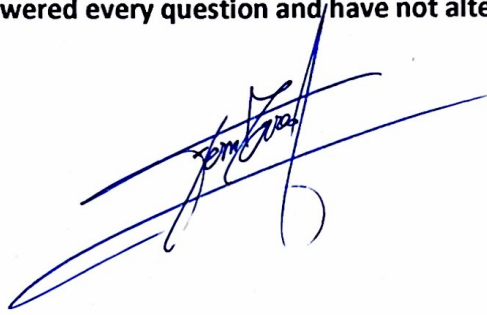
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The CEIQ Laparoscopic Training Program had a cost of \$37,5 USD per hour of training, for which each participant had to complete a 40-hour training, making a total payment of \$1500 USD per person to CEIQ, organization for which I work and represent. This payment covered the cost of materials, and instructors' honoraria. However, I was not involved in any of the data collection, analysis, and/or interpretation; providing just the records of the training program. This project was totally led by an aspiring surgeon, Andres D. Oquendo and his collaborators, Juan C. Mejia, and Sebastian M. Colina; who do not have any relationship with my organization, or received any compensation.

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.

A handwritten signature in blue ink, consisting of several overlapping loops and a vertical stroke, positioned over the text of the certification statement.

ICMJE DISCLOSURE FORM

Date: 07/14/2023

Your Name: Pedro J. Gallegos

Manuscript Title: Education For All: Enhancing High-Quality Laparoscopic Surgery Training for Surgeons in Remote Communities of Ecuador.

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