ICMJE DISCLOSURE FORM

Date: <u>9/18/22</u>			
Your Name:	Peter P. Issa		
Manuscript Title	: <u>Radiofrequency Ablation as a Treatment Modality for Primary Hyperparathyroidism: A</u>		
Systematic Litera	ature Reviewiew		
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 <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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	26 months
2	Grants or contracts from	None	30 months
2	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
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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				
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manuscript writing or educational events				
educational events				
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6 Payment for expert testimony				
testimony	6		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- None	0			
meetings and/or travel		testimony		
meetings and/or travel	_			
8 Patents planned, issued or pending	7		None	
pending		meetings and/or travel		
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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- None	0			
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Safety Monitoring Board or Advisory Board				
Advisory Board	9		None	
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid None 11 Stock or stock options 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- None				
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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- None	10	Leadership or fiduciary role	None	
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11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None		committee or advocacy		
11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None		group, paid or unpaid		
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None	11		None	
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writing, gifts or other services	12			
services Image: services 13 Other financial or non- None				
13 Other financial or non- None				
	10			
financial interests	13		None	
		financial interests		

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: <u>9/20/22</u>	
Your Name: Emad Kandil	
Manuscript Title: Radiofrequency Ablation as a Treatment Modality for Primary Hyperparathyroidism: A S	Systematic
Literature Review	
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 <u>current</u> <u>manuscript only</u>.

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		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).	I serve as a consultant for STARmed.	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
	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	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	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	
	•		

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

I serve as a co-Editor-in-Chief of Gland Surgery as well as a consultant of STARmed.

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: <u>September 20th 2022</u>	
Your Name: Grace S. Lee	
Manuscript Title: Radiofrequency Ablation as a Treatment Modality for Primary Hyperparathyroidism: A Syst	<u>tematic</u>
Literature Review	
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.

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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	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	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	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None_	
13	financial interests		

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

None.

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