	ICMJE DISCLO	DSURE FORM
Date:Jan 2 <sup>nd</sup> , 2024		
Your Name: Xinyi Luo_		
Manuscript Title: Advance	ements in Thyroid Surgery:	<b>Enhancing Safety and Efficacy through Technological and</b>
Clinical Innovations		
Manuscript number (if known):_		
related to the content of your m parties whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.
The following questions apply to manuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
•	nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.
In item #1 below, report all supp the time frame for disclosure is	•	in this manuscript without time limit. For all other items,
	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)

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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).	X_None		
3	Royalties or licenses	X_None		
4	Consulting fees	XNone		

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
0	Participation on a Data	V None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	^_None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
11	Stock of Stock options		
12	Descript of annium and	V. Nava	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	one.		
L			

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	e:Jan 2 <sup>nd</sup> , 20	024		
Your	Name:Ema	d Kandil_		
Man	uscript Title:	Advance	ements in Thyroid Surger	y: Enhancing Safety and Efficacy through Technological and
<u>Clini</u>	cal Innovations_			
Man	uscript number (	if known):		
relat parti to tr	ted to the conten ies whose interes ansparency and o	it of your m sts may be does not ne	nanuscript. "Related" me affected by the content	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	following questic uscript only.	ons apply to	o the author's relationsh	ips/activities/interests as they relate to the current
to th med In ite	ne epidemiology of ication, even if the em #1 below, rep	of hyperter hat medica port all supp	nsion, you should declare tion is not mentioned in	e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items,
			Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
			relationship or indicate none (add rows as needed)	institution)
			Time frame: Since the init	ial planning of the work
1	All support for the manuscript (e.g., f provision of study medical writing, as processing charge No time limit for t	funding, materials, rticle es, etc.)	XNone	
			Time frame: pa	ast 36 months
2	Grants or contract any entity (if not in	ndicated	XNone	
2	in item #1 above).		V None	
3	Royalties or licens	es	XNone	

Consulting fees

\_None

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
_			
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 in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non- financial interests		EK serves as an Editor-in-Chief of Gland Surgery from May 2017 to April 2024

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

EK serves as an Editor-in-Chief of Gland Surgery from May 2017 to April 2024	

Please place an "X" next to the following statement to indicate your agreement:

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