

# ICMJE DISCLOSURE FORM

Date: 7/4/2024  
 Your Name: Hayden Hairston  
 Manuscript Title: Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathological Parathyroid Location, Retrospective Review of a Single Surgeon's Patients at a Single Institution  
 Manuscript number (if known): GS-24-141

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  X  </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

None
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**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: 6/27/24

Your Name: James Reed Gardner

Manuscript Title: Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathological Parathyroid Location, Retrospective Review of a Single Surgeon's Patients at a Single Institution

Manuscript number (if known): GS-24-141

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11	Stock or stock options	<u>      </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>      </u> None	
13	Other financial or non-financial interests	<u>      </u> None	

**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 form.

# ICMJE DISCLOSURE FORM

Date: 7/2/24

Your Name: Anna Celeste Gibson

Manuscript Title: Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathological Parathyroid Location, Retrospective Review of a Single Surgeon's Patients at a Single Institution

Manuscript number (if known): GS-24-141

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6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

**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 form.

# ICMJE DISCLOSURE FORM

Date: 7-2-24

Your Name: Courtney Wright, MD

Manuscript Title: Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathological Parathyroid Location, Retrospective Review of a Single Surgeon's Patients at a Single Institution

Manuscript number (if known): GS-24-141

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13	Other financial or non-financial interests	<u>      </u> None	

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

No conflicts of interest to disclose.
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**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: 8/16/24  
 Your Name: Mariah Small-O'Sullivan  
 Manuscript Title: Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathologic Parathyroid Location, Retrospective Review of a Single Surgeon's Patients at a Single Institution  
 Manuscript number (if known): GS-24-141

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4	Consulting fees	<input checked="" type="checkbox"/> None	



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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:

☒ 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: June 28, 2024  
 Your Name: Deanne King  
 Manuscript Title: Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathological Parathyroid Location, Retrospective Review of a Single Surgeon's Patients at a Single Institution  
 Manuscript number (if known): GS-24-141

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	



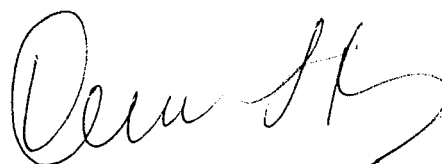
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:

☒ 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: 6/27/24

Your Name: Ryan T. Fitzgerald MD \_\_\_\_\_

Manuscript Title: Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathological Parathyroid Location, Retrospective Review of a Single Surgeon's Patients at a Single Institution

Manuscript number (if known): GS-24-141

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary	<input type="checkbox"/> None	

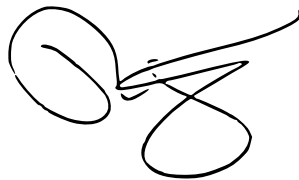
	role in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	Since 2017 I have been employed as a physician by Radiology Consultants of Little Rock. Radiology Consultants and my work with the group have no relationship, financial or otherwise, to this manuscript.

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

Since 2017 I have been employed as a physician by Radiology Consultants of Little Rock. Radiology Consultants and my work with the group have no relationship, financial or otherwise, to this manuscript.

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# ICMJE DISCLOSURE FORM

Date: 8/7/2024\_

Your Name: Donald Bodenner

Manuscript Title: Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathological Parathyroid Location, Retrospective Review of a Single Surgeon's Patients at a Single Institution

Manuscript number (if known): GS-24-141

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# ICMJE DISCLOSURE FORM

Date: 06/27/2024

Your Name: Brendan C. Stack, Jr., MD

Manuscript Title: Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathological Parathyroid Location, Retrospective Review of a Single Surgeon's Patients at a Single Institution

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	Springer Nature	<u>Matrix Head and Neck Reconstruction: A defect based and scalable atlas for the management of oncologic and traumatic defects.</u> Brendan C. Stack, Jr.,

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			<u>Medical and Surgical Treatment of Parathyroid Diseases - An evidence-based approach</u> , <b>Brendan C. Stack, Jr., MD, FACS, FACE</b> and Donald L. Bodenner, MD, PhD, editors. Cham Switzerland: Springer International Publishing, 2017. ISBN 978-3-319-26794-4.
4	Consulting fees	Expert Institute	Legal case consultation
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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