#### ICMJE DISCLOSURE FORM

Date: <u>June 18<sup>th</sup>, 2021</u>		
Your Name: <u>Kaiping Zhang</u>		
Manuscript Title: <u>Evidence or</u> protocol	reporting guidelines for surgical tech	nnique in clinical disciplines: a scoping review
Manuscript number (if known):	GS-21-311	

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) 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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time inne for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
З	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 meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	Nono	
10	Leadership or fiduciary role in other board, society,	None	
	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-	AME Publishing	Kaiping Zhang is the staff of AME Publishing company
	financial interests	Company	(the publisher of Gland Surgery).

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

Kaiping Zhang is the staff of AME Publishing company (the publisher of *Gland Surgery*).

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.

#### Introduction

Objectivity and independence are core principles of developing a reporting guideline. Each expert on the SUPER (Surgical techniqUe rePorting chEcklist and standaRds) project panel must disclose any potential interests that may affect or deviate from these two principles. You must disclose on this Conflicts of Interests (COI) form for any financial, professional, or other potential interests related to the work, as well as any interests that may be affected by the SUPER project. This form will be reviewed by the COI management team to determine whether, and to what extent, you have a conflict of interest relevant to the SUPER subject.

By collating a list of essential reporting checklists for surgical technical articles, the SUPER project aims to improve the standardization and reporting of surgical technical articles. Through this, the SUPER project will help to further improve the objective evaluation and promote the development of surgical techniques in a more standardized, safe, effective, and feasible way for the benefit of patients.

1. Identification Information		is some	and the residence	]
Full name	Kantong Ma			
Institution	Lanzhon University		1	1
Research area	Clinical practice guidelin	ne/Evide	mce-Based Ma	odicin
Contact address	No. 199, Donggany West	Road C	thong finan Disti	int.
2. Employment and Consulting			Low	zhon
Within the past 3 years, have you received remu	ineration from a commercial entity			1
or other organization with an interest related to	o the SUPER project?			
2a Employment.		□Yes	MNO	1
2b Consulting, including service as a technical	, professional, or other advisor.	□Yes	1 No	1
3. Relevant Financial and Non-Monetary Ac	ctivities			1

Within the past 3 years, have you or your research unit received support from a						
commercial or other organization with interest related to the SUPER project?						
3a Financial support, in	3a Financial support, including grants, sponsorships, personal fees, and oth					
funding.						
3b Non-monetary suppo	ort value, inclu	ding collaboration	ons, equipment,	facilities,	□Yes	DNo
research assistants, paid	travel to meet	ings, etc.				
4. Intellectual Propert	y: Patents, tra	demarks, and c	opyrights			
4a Do you have any	intellectual pro	operty rights that	at might be enh	anced or	□Yes	No
diminished by the outco	ome of the SUP	ER project?				
4b Patents, trademarks,	or copyrights	(pending applica	tions, surgical ir	strument	□Yes	<b>D</b> No
patents, etc.).						
4c Proprietary know-ho	w in a substan	ce, technology, o	or process.		□Yes	No
5. Intellectual Conflicts of Interests					1	
Competing or other intellectual interests (including those of an academic nature,				□Yes	DNo	
e.g., a surgical technique invention or the name of a surgical technique was				ique was		
associated with you) th	at could potent	ially affect your	objectivity with	respect to		
the objective of the SUI	PER project and	d the data that ma	y inform the dev	elopment		
of essential reporting it	ems.					
6. Relationships Not C	Covered Above	2				
Do you have any addi	tional information	tion to disclose	that is not cove	red in the	□Yes	
items above?						
7. Explanation						
If you have answered "	Yes" to any of t	he questions abo	ve, please give th	ne relevant	details	below; otherwise,
please go to item 8.						
Name of	Grant	Sponsorships	Personal Fees	Non-mon	etary	Comments
Institution/Company	(Purpose	(Purpose and	(Purpose and	support		
	and amount)	amount)	amount)			

Pate	nt Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts	Additional	Comments	
of Interests	Information		

By completing and signing this form, you consent to the disclosure of any relevant potential conflicts of interests to other participants and in the resulting report or work product.

Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of my knowledge. Should there be any change to the above information, I will promptly notify the team leaders of the SUPER project and complete a new disclosure of potential conflicts of interest form to provide details of these changes. This includes any change that occurs before or during the meeting or work itself or during the period up to the publication of the final results or completion of the activity concerned.

Date: 2020-11-17

Handwritten Signature:

Pontoing Ma

### Introduction

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1. Identification Information			
Full name	Qianling Shi		
Institution	Lanzhou University		
Research area	Evidence-based Medicine		
Contact address No. 199, Donggang West Road, Chengguan District,		Lanzhou	
2. Employment and Consulting			
Within the past 3 years, have you rece or other organization with an interest	ived remuneration from a commercial entity related to the SUPER project?		
2a Employment.		□Yes	No
2b Consulting, including service as a technical, professional, or other advisor.		□Yes	■No
3. Relevant Financial and Non-Mo	Contraction and the part and and		

Within the past 3 years, have you or your research unit received support from a commercial or other organization with interest related to the SUPER project?		
3a Financial support, including grants, sponsorships, personal fees, and other funding.	□Yes	■No
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.	□Yes	■No
4. Intellectual Property: Patents, trademarks, and copyrights		
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?	□Yes	■No
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).	□Yes	■No
4c Proprietary know-how in a substance, technology, or process.	Yes	No
5. Intellectual Conflicts of Interests		
Competing or other intellectual interests (including those of an academic nature, e.g., a surgical technique invention or the name of a surgical technique was associated with you) that could potentially affect your objectivity with respect to the objective of the SUPER project and the data that may inform the development of essential reporting items.	□Yes	<b>■</b> No
6. Relationships Not Covered Above		
Do you have any additional information to disclose that is not covered in the items above?	□Yes	■No
7. Explanation		
If you have answered "Yes" to any of the questions above, please give the relevant of please go to item 8.	details bel	iow; otherwise,

Name of	Grant	Sponsorships	Personal Fees	Non-monetary	Comments
Institution/Company	(Purpose and amount)	(Purpose and amount)	(Purpose and amount)	support	

Pending	Issued	Licensed	Royalties	Licensee	Comments	
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Intellectual Conflicts of Interests	Additional Information	Comments

Date: 11/15/2020

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Handwritten Signature: Qian ligg Shiv

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1. Identification Information		
Full name	Jianfei Shen	12
Institution	Taizhou Huspital of Zheji	ang province
Research area	Jung Ouncer.	
Contact address	that 317000. Zhejiang	
tand Congulting	ed remuneration from a commercial entity	
or other organization with an interest re-	elated to the SUPER project?	Yes No
	PYes ANO	
2a Employment. 2b Consulting, including service as a te	echnical, professional, of our	
2. Belevant Financial and Non-Mone	etary Activities	

Within the past 3 years	s, have you or	VOUR					
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3a Financial support,	including gran	the number of th	to the SUPER p	project?			
funding.	3a Financial support, including grants, sponsorships, personal fees, and oth						
3b Non-monetary suppresearch assistants, pai	ort value inclu	udina – U.I.					
research assistants, pai	, facilities,	Yes	12No				
4. Intellectual Proper	ty: Patents, tr	ademarks and					
4a Do you have any diminished by the oute	intellectual pr	operty rights th	copyrights			-	
diminished by the outc	ome of the SU	PER project?	lat might be en	hanced or	[]Yes	1 DINo	
4b Patents, trademarks	, or copyrights	(pending applic	ations surgical	netrumant	DV-		
patents, etc.).			and a surgicul	unsu uniem	Yes	DX10	
4c Proprietary know-he	ow in a substan	nce, technology,	or process.	-	□ Yes	ZNo	
5. Intellectual Conflic							
Competing or other int	ellectual intere	sts (including th	ose of an acader	nic nature,	□Ye:	no David	
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associated with you) th	at could potent	tially affect your	objectivity with	respect to			
the objective of the SU	PER project an	d the data that m	ay inform the de	evelopment			
of essential reporting it	ems.						
6. Relationships Not (	Property of the Property of th				-		
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items above?					_		
7. Explanation						-tonu athamu	
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please go to item 8.			D IF	Non-mone	tary	Comments	
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	ual Conflict	Issued ts Addition Inform		Royalties	Licensee	Comments
By comp interests t Disclosur my know	to other parti re Statement rledge. Shou f the SUPEI	gning this icipants and : I hereby Id there be R project a	d in the resul declare that t e any change and complete	ting report or the disclosed to the abov a new discl	work produ information e informatio osure of po	is true and complete to the best of on, I will promptly notify the team stential conflicts of interest form to
work itse concerned	lf or during	the period	s. This includ I up to the p	ublication of	the final re	ignature: jimfei Shen

### Introduction

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1. Identification Information	
Full name	Jintin Wu
Institution	Guardiac surgery
Research area	Cardiac surgery
Contact address	106 second Rd, zhong shar
2. Employment and Consulting	
Within the past 3 years, have you received rem	uneration from a commercial entity
or other organization with an interest related t	o the SUPER project?
2a Employment.	□Yes DNo
2b Consulting, including service as a technica	l, professional, or other advisor. 🛛 Yes 🖄 No
3. Relevant Financial and Non-Monetary A	ctivities

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commercial or other or	rganization with	h interest related	to the SUPER pr	oject?	<u> 192-</u>			
3a Financial support, funding.	including gran	ts, sponsorships,	, personal fees, a	and other	□Yes	2No		
3b Non-monetary supp	port value inclu	uding collaborati	ions, equipment,	facilities.	Yes	DNo		
research assistants, pai			ions, equipinent,					
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	<ul><li>4. Intellectual Property: Patents, trademarks, and copyrights</li><li>4a Do you have any intellectual property rights that might be enhanced of</li></ul>							
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4c Proprietary know-h	ow in a substar	nce, technology,	or process.	10	□Yes	MNO		
5. Intellectual Conflic			1					
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e.g., a surgical techni	nique was	14						
associated with you) th	respect to							
the objective of the SU	velopment							
of essential reporting in	1.1972							
6. Relationships Not	Covered Abov	e						
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items above?				1. 1. 1. 1.	2121			
7. Explanation	7. Explanation							
If you have answered "	Yes" to any of t	he questions abo	ve, please give th	ne relevant	details l	pelow; otherwise,		
please go to item 8.								
Name of	Grant	Sponsorships	Personal Fees	Non-mon	Non-monetary Comments			
Institution/Company	(Purpose	(Purpose and	(Purpose and	support				
	and amount)	amount)	amount)					
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Intellectual Conflicts of Interests	Additional Information	Comments
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Date: bec NOV 13, 2020 Handwritten Signature: Julin U

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1. Identification Information					
Full name	Xianzhuo Zhang				
Institution	Lanzhou University	Lanzhou University			
Research area	earch area Evidence-based Medcine, and General Surgery				
Contact address	Lanzhou				
2. Employment and Consulting					
Within the past 3 years, have you red or other organization with an intere	ceived remuneration from a commercial entity st related to the SUPER project?				
2a Employment.	□Yes	No			
2b Consulting, including service as a technical, professional, or other advisor.			No		
3. Relevant Financial and Non-M	onetary Activities				

Within the past 3 years, have you or your research unit received support from a		
commercial or other organization with interest related to the SUPER project?		
3a Financial support, including grants, sponsorships, personal fees, and other	□Yes	■No
funding.		
3b Non-monetary support value, including collaborations, equipment, facilities,	□Yes	■No
research assistants, paid travel to meetings, etc.		
4. Intellectual Property: Patents, trademarks, and copyrights		
4a Do you have any intellectual property rights that might be enhanced or	□Yes	■No
diminished by the outcome of the SUPER project?		
4b Patents, trademarks, or copyrights (pending applications, surgical instrument	□Yes	■No
patents, etc.).		
4c Proprietary know-how in a substance, technology, or process.	□Yes	■No
5. Intellectual Conflicts of Interests		
Competing or other intellectual interests (including those of an academic nature,	□Yes	■No
e.g., a surgical technique invention or the name of a surgical technique was		
associated with you) that could potentially affect your objectivity with respect to		
the objective of the SUPER project and the data that may inform the development		
of essential reporting items.		
6. Relationships Not Covered Above		
Do you have any additional information to disclose that is not covered in the	□Yes	■No
items above?		
7. Explanation		
If you have answered "Yes" to any of the questions above, please give the relevant of	details bel	ow; otherwise,
please go to item 8.		

Name of	Grant	Sponsorships	Personal Fees	Non-monetary	Comments
Institution/Company	(Purpose and amount)	(Purpose and amount)	(Purpose and amount)	support	

Pending	Issued	Licensed	Royalties	Licensee	Comments	
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Intellectual Conflicts of Interests	Additional Information	Comments

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Date:

Handwritten Signature: Xianzhuo Zhang

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1. Identification Information	and the second		عد التح ويتفري في		
Full name	Panpan Jiao	Panpan Jiao			
Institution	Lanzhou University	Lanzhou University			
Research area	Evidence-based, and General Surgery	Evidence-based, and General Surgery			
Contact address	No. 199, Donggang West Road, Chengguan District, L	No.199, Donggang West Road, Chengguan District, Lanzhou			
2. Employment and Consulting		院行			
Within the past 3 years, have you receiv or other organization with an interest re	ed remuneration from a commercial entity elated to the SUPER project?				
2a Employment.		□Yes	No		
2b Consulting, including service as a technical, professional, or other advisor.			No		
3. Relevant Financial and Non-Mone	tary Activities				

Within the past 3 year commercial or other of						
3a Financial support, funding.			the second se	19.54	□Yes	No
3b Non-monetary sup research assistants, pa			ions, equipment,	facilities,	□Yes	■No
4. Intellectual Prope	rty: Patents, tr	ademarks, and	copyrights	101 12		
4a Do you have any diminished by the out			at might be enl	nanced or	Yes	■No
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).						No
4c Proprietary know-h	now in a substan	nce, technology,	or process.	57536	Yes	■No
5. Intellectual Confli	cts of Interests					
Competing or other in e.g., a surgical technic associated with you) the the objective of the SU of essential reporting it	ique invention hat could poten IPER project an	or the name of tially affect your	a surgical techn objectivity with	nique was respect to	□Yes	■No
6. Relationships Not	Covered Abov	e			25	
Do you have any add tems above?	itional informa	tion to disclose	that is not cove	red in the	□Yes	■No
. Explanation			a the same		12.16	
f you have answered " lease go to item 8.	Yes" to any of t	he questions abo	ve, please give tl	ne relevant	details b	elow; otherw
Name of Institution/Company	Grant (Purpose	Sponsorships (Purpose and	Personal Fees (Purpose and amount)	Non-mon support	etary	Comments

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Intellectual Conflicts of Interests	Additional Information	Comments

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Date: 11/20/2020

Handwritten Signature: Panpan Jiao

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#### ICMJE DISCLOSURE FORM

Date: June 18 <sup>th</sup> , 2021							
Your Name: Grace S. L							
Manuscript Title: <u>E</u> protocol	vidence on reporting guidelines for surgical technique in clinical disciplines: a scoping revie	w					
Manuscript number (if	known): GS-21-311						

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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	provision of study materials,		
	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	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events		
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel		
	<i></i> ,		
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-	AME Publishing	Grace S. Li is the staff of AME Publishing company (the
	financial interests	Company	publisher of Gland Surgery).

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

Grace S. Li is the staff of AME Publishing company (the publisher of *Gland Surgery*).

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: June 18 <sup>th</sup> , 2021								
Your Name:	Xuqin Tang							
Manuscript Title:	Evidence on	reporting guidelines for surgic	ical technique in clinical disciplines: a scoping review					
protocol								
Manuscript numb	er (if known):	GS-21-311						

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) 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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	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).		
З	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 testimony	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	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, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non- financial interests	AME Publishing Company	Xueqin Tang is the staff of AME Publishing company (the publisher of <i>Gland Surgery</i> ).

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

Xueqin Tang is the staff of AME Publishing company (the publisher of *Gland Surgery*).

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.

### Introduction

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1. Identification Information		
Full name	René Horsleben	Petersen
Institution	Departmer	nt of Cardiothor
Research area	VATS lobectomy	, segmentectomy, thyme
Contact address	Inge Lehma	anns Vej 5, Cope
2. Employment and Consulting		
Within the past 3 years, have you received remuneration from a commercial entity		
or other organization with an interest related to the SUPER project?		
2a Employment.	□Yes	■No
2b Consulting, including service as a technical, professional, or other advisor.	□Yes	■No

3. Relevant Financial and Non-Monetary Activities										
Within th	ne past 3 year	s, have yo	ou or y	your res	search ur	nit re	eceived supp	port from a		
commerc	ial or other o	rganizatio	n with	n interes	st related	to t	he SUPER j	project?		
3a Finan	cial support,	including	grant	ts, spor	nsorships	s, pe	rsonal fees,	and other	ΩYe	es 🔳 No
funding.										
3b Non-monetary support value, including collaborations, equipment, facilities									□Ye	es 🔳 No
research assistants, paid travel to meetings, etc.										
4. Intelle	ectual Proper	ty: Paten	ts, tra	ademar	ks, and	copy	yrights			
4a Do y	ou have any	intellectu	al pro	operty	rights th	nat r	night be er	hanced or	□Ye	es 🔳 No
diminish	ed by the out	come of th	e SUI	PER pro	oject?					
4b Patent	ts, trademarks	s, or copyr	rights	(pendir	ng applic	ation	ns, surgical	instrument	□Ye	es 🔳 No
patents, e	etc.).									
4c Propri	etary know-h	ow in a su	Ibstan	ce, tech	nology,	or pi	rocess.		□Ye	es 🔳 No
5. Intellectual Conflicts of Interests										
Competing or other intellectual interests (including those of an academic nature,							□Yes ■No			
e.g., a su	urgical techni	que inven	tion o	or the	name of	a si	urgical tech	nique was		
associate	d with you) th	nat could p	otent	ially af	fect your	obje	ectivity with	respect to		
the objec	tive of the SU	PER proje	ect and	d the da	ta that m	ay ir	nform the de	velopment		
of essent	ial reporting i	tems.								
6. Relati	onships Not	Covered A	Above							
Do you l	nave any add	itional inf	ormat	tion to	disclose	that	is not cove	ered in the	□Ye	s 🔳 No
items abo	ove?									
7. Explan	nation									
If you hav	ve answered "	Yes" to an	y of tł	ne quest	tions abo	ve, p	olease give t	he relevant c	letails	below; otherwise,
please go	to item 8.									
Name o	f	Grant		Sponse	orships	Per	sonal Fees	Non-mone	tary	Comments
Instituti	on/Company	(Purpose		(Purpo	se and	(Pu	irpose and	support		
		and amo	unt)	amoun	t)	am	ount)			
L										·
Patent	Pending	Issued	Lice	nsed	Royalti	es	Licensee	Comments		
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Intellectual Conflicts	Additional	Comments				
of Interests	Information					
8. Disclosure Statemen	t					
By completing and sign	ing this form, yo	ou consent to the disclosure of any relevant potential conflicts of				
interests to other participants and in the resulting report or work product.						
Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of						
my knowledge. Should there be any change to the above information, I will promptly notify the team						
leaders of the SUPER project and complete a new disclosure of potential conflicts of interest form to						
provide details of these changes. This includes any change that occurs before or during the meeting or						
work itself or during the period up to the publication of the final results or completion of the activity						
concerned.						
Date: pecuch :	22rd 202	e Handwritten Signature: Lewi H. Jebecc				

#### Introduction

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1. Identification Information	S. Captoneters
Full name	Ng Sze Hang Calvin
Institution	The Chinese University of Hong Kong
Research area	Thoracic Surgery , Lung Cancer
Contact address	Department of Surgery, Prince of Wales
2. Employment and Consulting (Introduction Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	□Yes ■No
2b Consulting, including service as a technical, professional, or other advisor.	□Yes ■No

	Name of Grant Sponsorships Personal Fees Non-mo					Non-mone support	etary Comments	
	ve answered " to item 8.	Yes" to any o	t the ques	stions abo	ove, please give th	he relevant o	tetails	below; otherwise,
7. Expla			0.1			6406 EU	10191	VINE AND ADDRESS OF
items ab	ove?	itional inform	nation to	disclose	that is not cove	ered in the	∐Ye:	s 🔳 No
	onships Not					101 Dile of		
	ial reporting i							
			and the da	ata that m	ay inform the de	velopment		
associate	d with you) th	nat could pote	entially at	ffect your	objectivity with	respect to		
e.g., a s	urgical techni	que inventio	n or the	name of	a surgical tech	nique was		
Competi	ng or other in	tellectual inte	rests (inc	luding th	ose of an acaden	nic nature,	□ Yes	s 🔳 No
5. Intelle	ectual Conflic	cts of Interes	ts	checklists	niniktana taina	ess ba bii	i hain	
4c Propr	ietary know-h	ow in a subs	ance, tec	hnology,	or process.		□ Yes	s 🔳 No
patents,			to the su	itali adam	wider Billing	and when the		anni la
			-	-	ations, surgical	instrument	□Ye	s INo
	ed by the outo				al USed and test	Ale de la	Tasles	
					nat might be en	hanced or	□Ye:	s 🔳 No
	ectual Proper				copyrights	and all	c) mga	in an and
	assistants, pai				i batenter ern e		Incont	
	nonetary supr	and the second	Contraction of the	s a staff south	ions, equipment	, facilities,	□Ye	s 🔳 No
funding.	enar support,		and and	iisorsiiips	and the second	und other		and a second
	10-5 C	-			to the SUPER p		□Ye	s 🔳 No
					hit received supp			
	int Financial					etaltae 3 et	1102010	2103
Releve	nt Financial	and Non M	anotom	Activition			1.1.1	

Intellectual Conflicts of Interests	Additional Information	Comments
8. Disclosure Statemen	t	
By completing and sigr	ing this form, y	you consent to the disclosure of any relevant potential conflic
interests to other partici	pants and in the	e resulting report or work product.
Disclosure Statement: I	hereby declare	that the disclosed information is true and complete to the be
my knowledge. Should	there be any c	change to the above information, I will promptly notify the
		mplete a new disclosure of potential conflicts of interest for
		includes any change that occurs before or during the meetir
		the publication of the final results or completion of the act
concerned.		
Date:		Handwritten Signature:
28th December 2020		Cel int

### Introduction

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1. Identification Information			
Full name	ALFONSO FIORELLI		
Institution	UNIVERSITY OF CLAMPAINIA VANVITEUS, MI		
Research area	UNIVERSITY OF CLAMPIANIA VANVITEUS MI THORHEIC SURGER PILATTH HIR ACILLA		
Contact address	83100, MAPLES, JTALY		
2. Employment and Consulting			
Within the past 3 years, have you received remuneration from a commercial entity			
or other organization with an interest related to the SUPER project?			
2a Employment.	□Yes XNo		
2b Consulting, including service as a technical, professional, or other advisor.	□Yes XNo		

3. Relevant Financial and Non-Monetary Activities									
Within the past 3 years, have you or your research unit received support from a									
commercial or other organization with interest related to the SUPER project?									
3a Financial support, including grants, sponsorships, personal fees, and other								□Ye	s DNo
funding.									
3b Non-monetary support value, including collaborations, equipment, facilities									s 🕅No
research assistants, paid travel to meetings, etc.									
4. Intellectual Propert	y: Patent	s, tra	demar	ks, and o	сору	rights			
4a Do you have any	intellectu	al pro	operty i	rights th	at n	night be end	hanced or	□Ye	s XNo
diminished by the outco	ome of the	SUF	PER pro	ject?					
4b Patents, trademarks,	, or copyr	ghts	(pendin	g applica	atior	is, surgical i	nstrument	Ye	s 🗌 No
patents, etc.).				March		des trailing			
4c Proprietary know-ho	ow in a su	bstan	ce, tech	nology, d	or pr	ocess.		Yes	s 🖾No
5. Intellectual Conflicts of Interests									
Competing or other intellectual interests (including those of an academic nature,							nic nature,	Yes	s 🕅 No
e.g., a surgical technique invention or the name of a surgical technique was									
associated with you) that could potentially affect your objectivity with respect to									
the objective of the SUPER project and the data that may inform the development									
of essential reporting items.									
6. Relationships Not Covered Above									
Do you have any additional information to disclose that is not covered in the							red in the	□ Yes	s 🖾No
items above?									
7. Explanation									
If you have answered "	Yes" to an	y of t	he quest	tions abo	ve, p	lease give th	ne relevant o	letails	below; otherwise,
please go to item 8.									
Name of	Grant		Sponse	orships	Per	sonal Fees	Non-mone	etary	Comments
Institution/Company	(Purpose	;	(Purpo	ose and	(Pu	rpose and	support		
	and amount)		amount)		amount)				
Patent Pending	Issued		ensed	Royalti		Licensee	Comments		
PCT 272018 725	NO	N	ro	NO		NO	NO		

Intellectual Conflicts	Additional	Comments						
of Interests	Information							
0. Dialanna Statamar	-							
8. Disclosure Statemer								
By completing and sign	ning this form, ye	ou consent to the disclosure of any relevant potential conflicts of						
		resulting report or work product.						
Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of								
	my knowledge. Should there be any change to the above information, I will promptly notify the team							
leaders of the SUPER project and complete a new disclosure of potential conflicts of interest form to								
provide details of these changes. This includes any change that occurs before or during the meeting or								
work itself or during the period up to the publication of the final results or completion of the activity								
concerned.								
Date: 23 17 20	20	Handwritten Signature:						

# Introduction

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1. Identification Information	
Full name	Nuria M. Novoa Valentín
Institution	University Hospital of Salamanca
Research area	Thoracic Surgery
Contact address	Paseo de San Vicente 58-182, 37007 Sa
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity	
or other organization with an interest related to the SUPER project?	
2a Employment.	□Yes ■No
2b Consulting, including service as a technical, professional, or other advisor.	□Yes □No

3. Relevant Financial and Non-Monetary Activities										
Within the past 3 years, have you or your research unit received support from a										
commercial or other organization with interest related to the SUPER project?										
3a Financial support, including grants, sponsorships, personal fees, and other									□Ye	s 🗌No
funding.										
3b Non-monetary support value, including collaborations, equipment, facilities,									□Ye	s 🗌No
research assistants, paid travel to meetings, etc.										
4. Intelle	4. Intellectual Property: Patents, trademarks, and copyrights									
4a Do y	ou have any	intellectu	al pr	operty	rights th	nat n	night be en	hanced or	□Ye	s 🗌 No
diminishe	ed by the outc	ome of the	e SUI	PER pro	oject?					
4b Patent	s, trademarks	, or copyr	ights	(pendir	ng applic	atior	ns, surgical i	instrument	□Ye	s 🗌No
patents, e	etc.).									
4c Proprietary know-how in a substance, technology, or process.									□Ye	s 🗌 No
5. Intellectual Conflicts of Interests										
Competing or other intellectual interests (including those of an academic nature,								nic nature,	□Ye	s 🗌No
e.g., a surgical technique invention or the name of a surgical technique was										
associated with you) that could potentially affect your objectivity with respect to										
the objective of the SUPER project and the data that may inform the development										
of essential reporting items.										
6. Relationships Not Covered Above										
Do you l	Do you have any additional information to disclose that is not covered in the See No								s 🗌 No	
items abo	items above?									
7. Expla	nation									
If you hav	ve answered "	Yes" to any	y of t	he quest	tions abo	ve, p	lease give th	ne relevant o	details	below; otherwise,
please go	please go to item 8.									
Name of	f	Grant		Sponse	orships	Per	sonal Fees	Non-mone	etary	Comments
Instituti	on/Company	(Purpose	;	(Purpo	ose and	(Purpose and		support		
		and amore	unt)	amount)		amount)				
Patent	Pending	Issued	Lice	Licensed Royalti			Licensee	Comments		

Intellectual Conflicts	Additional	Comments					
of Interests	Information						
8. Disclosure Statemen	8. Disclosure Statement						
By completing and signing this form, you consent to the disclosure of any relevant potential conflicts of							
interests to other participants and in the resulting report or work product.							
Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of							
my knowledge. Should there be any change to the above information, I will promptly notify the team							
leaders of the SUPER project and complete a new disclosure of potential conflicts of interest form to							
provide details of these changes. This includes any change that occurs before or during the meeting or							
work itself or during the period up to the publication of the final results or completion of the activity							
concerned.							

Date:

Handwritten Signature:

# <u>NOVOA</u> VALENTIN NURIA MARIA - 51373394L

Firmado digitalmente por NOVOA VALENTIN NURIA MARIA - 51373394L Fecha: 2021.01.10 17:36:44 +01'00'
#### **CONFIDENTIALITY AGREEMENT**

You have been approved to join the SUPER (Surgical techniqUe rePorting chEcklist and standaRds) project. The ethical guidelines of this study require that you read and sign this form, signifying that you are willing to enter into a confidentiality agreement with respect to the data collected in this project.

In this letter "Confidential Information" includes all business, operational and other information or data of whatever kind relating to SUPER group or its products/works, whether oral, written or in any other form, in any format relative to the Purpose, whether marked as "confidential" or not, under this Agreement.

**<u>1.</u>** <u>Disclosure of Confidential Information</u>. By signing this Agreement, you undertake to respect the confidentiality of all data and information supplied by SUPER project, including electronic and oral; and not to disclose such data and information to any third party other than to other official participants of the project concerned.

**2.** Miscellaneous. The signatory shall not make any public announcements concerning this Agreement, or use the project's names, trademarks, logos, insignia, or other identifying marks, or any version, abbreviation or representation of any of them, in any advertising, publicity, promotional materials or other public announcement without the prior written consent of the concerned project's committee, which consent may be withheld in its sole discretion. This Agreement supersedes all prior agreements, written or oral, between the parties relating to the subject matter of this Agreement.

Handwritten Signature	Benedet Bedet
Title:	MD
Contact Telephone:	+49 (0) 176-74760766
Contact E-mail:	Denedetta. bedetti @ gnail.com
Date:	01.21

#### Introduction

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Cauce Charles and Cauce an	
1. Identification Information	
Full name BENEDETA ZEPETT	¥
Institution HELIOS KUNIKUM BOWN RHEIN FIEG	Ĵ.
Research area THORACIC SURGERY	
Contact address VON-HOWPESCH-STR. 1 53/23 BONN	
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity	30 - 1. S
or other organization with an interest related to the SUPER project?	1. 1. <sup>3</sup> 1. 11. 1. 1. 1.
2a Employment.	□Yes QNo
2b Consulting, including service as a technical, professional, or other advisor.	□Yes XNo

3. Relevant F	inancial and	d Non-Mo	neta	ry Activ	ities					
Within the par	st 3 years, h	ave you or	you	r researc	ch unit r	eceiv	ed support	from a		
commercial or	r other organ	ization wi	th in	terest re	lated to	he S	UPER proj	ect?		
a Financial	support, inc	luding gra	nts,	sponsor	ships, p	erson	al fees, and	d other	Yes	<b>WNO</b>
unding.										
b Non-mone	tary support	value, inc	ludi	ng colla	boration	s, eq	uipment, fa	cilities,	□Yes	No
esearch assist	tants, paid tr	ravel to me	etin	gs, etc.						-
. Intellectua	l Property:	Patents, t	rade	emarks,	and co	pyriş	hts			
a Do you h	ave any in	tellectual	prop	erty rig	hts that	mig	ht be enha	nced or	Yes	XN0
liminished by										
b Patents, tra						ons.	surgical in	strument	□Yes	X No
oatents, etc.).							0			A
tc Proprietar	y know-how	in a subst	ance	. techno	logy or	proc	P55		□Yes	ŽNo
5. Intellectua						proc				YINO
Competing o		And a second	naene konz	s (includ	ling the					<u> </u>
									□Yes	⊊/No
e.g., a surgio										
associated w										
the objective			and	the data	that may	y info	orm the dev	elopment		
of essential r		An har country								
6. Relations	(MTS)									
Do you hav	e any addit	ional info	mati	ion to d	isclose t	hat i	s not cover	red in the	□Ye	s No
items above										P.(0
7. Explanat	tion									
If you have	answered "	les" to any	oft	ne auesti	ons aboy	ve n	ease give th		J.4.11	below; otherwi
please go to	item 8.	,	- 14	1		, p	iouse give u	ie reievant	details	below; otherwis
Name of		Grant	- 1	Sponso	rehing	Dan			i.	
	/Company			100	-		sonal Fees	Non-mor	•	Comments
mstitution	Company	(Purpose			se and	(Pu	rpose and	support		
	and amount) amount) amount)									
							_			
	3		_							
Patent Pending Issued Licensed Royalties Licensee Comments										
k					1					

Intellectual Conflicts	Additional	Comments
of Interests	Information	
8. Disclosure Statemen	i t	_1
By completing and sigr	ning this form, y	you consent to the disclosure of any relevant potential conflicts of
interests to other partici	pants and in the	e resulting report or work product.
Disclosure Statement: I	hereby declare	that the disclosed information is true and complete to the best of
my knowledge. Should	there be any o	change to the above information, I will promptly notify the team

leaders of the SUPER project and complete a new disclosure of potential conflicts of interest form to provide details of these changes. This includes any change that occurs before or during the meeting or work itself or during the period up to the publication of the final results or completion of the activity concerned.

Handwritten Signature: Benedetts Beclett Date: 12.01.2

### Introduction

Objectivity and independence are core principles of developing a reporting guideline. Each expert on the SUPER (Surgical techniqUe rePorting chEcklist and standaRds) project panel must disclose any potential interests that may affect or deviate from these two principles. You must disclose on this Conflicts of Interests (COI) form for any financial, professional, or other potential interests related to the work, as well as any interests that may be affected by the SUPER project. This form will be reviewed by the COI management team to determine whether, and to what extent, you have a conflict of interest relevant to the SUPER subject.

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1. Identification Information			
Full name	Giovanni Battista Levi Sandri		
Institution	San Camillo Forlanini		
Research area	HBP Liver Transplantation		
Contact address	gblevisandri@gmail.com		
2. Employment and Consulting			
Within the past 3 years, have you received remuneration from a commercial entity	no		
or other organization with an interest related to the SUPER project?			
2a Employment.	□Yes ■No		
2b Consulting, including service as a technical, professional, or other advisor.	□Yes □No		

3. Relevant Financial and Non-Monetary Activities										
Within the past 3 years, have you or your research unit received support from a									no	
commercial or other organization with interest related to the SUPER project?										
3a Finan	cial support,	and other	□Ye	s 🗌No						
funding.										
3b Non-r	nonetary supp	port value,	inclu	uding co	ollaborat	ions	, equipment	, facilities,	□Ye	s 🗌No
research assistants, paid travel to meetings, etc.										
4. Intelle	ctual Proper	ty: Patent	ts, tra	ademar	ks, and	copy	rights			
4a Do y	ou have any	intellectu	al pr	operty	rights th	nat n	night be en	hanced or	□Ye	s 🗌 No
diminishe	ed by the outc	ome of the	e SUI	PER pro	oject?					
4b Patent	s, trademarks	, or copyr	ights	(pendir	ng applic	atior	ns, surgical i	instrument	□Ye	s 🗌No
patents, e	etc.).									
4c Propri	etary know-h	ow in a su	bstan	ce, tech	nology,	or pr	ocess.		□Ye	s 🗌 No
5. Intelle	ctual Conflic	ets of Inter	rests							
Competing or other intellectual interests (including those of an academic nature,									□Ye	s 🗌No
e.g., a surgical technique invention or the name of a surgical technique was										
associated with you) that could potentially affect your objectivity with respect to										
the objective of the SUPER project and the data that may inform the development										
of essential reporting items.										
6. Relationships Not Covered Above										
Do you have any additional information to disclose that is not covered in the							ered in the	□Ye	s 🗌 No	
items abo	ove?									
7. Expla	nation									
If you hav	ve answered "	Yes" to any	y of tl	he quest	tions abo	ve, p	lease give th	ne relevant o	details	below; otherwise,
please go to item 8.										
Name of	f	Grant		Sponse	orships	Per	sonal Fees	Non-mone	etary	Comments
Instituti	on/Company	(Purpose	(Purpose (Purpose and Purpose and support							
		and amount) amount) amount)								
Patent	Pending	Issued	Lice	ensed	Royalti	es	Licensee	Comments		

Intellectual Conflicts	Additional	Comments				
of Interests	Information					
8. Disclosure Statemen	t					
By completing and sign	ing this form, yo	ou consent to the disclosure of any relevant potential conflicts of				
interests to other partici	pants and in the 1	resulting report or work product.				
Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of						
my knowledge. Should there be any change to the above information, I will promptly notify the team						
leaders of the SUPER project and complete a new disclosure of potential conflicts of interest form to						
provide details of these changes. This includes any change that occurs before or during the meeting or						
work itself or during the period up to the publication of the final results or completion of the activity						
concerned.						
Date:		Handwritten Signature:				
04/01/2021		Jetth Jali				

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1. Identification Information	
Full name Steven N. Hochwald	
Full name Steven N. Hochwald Institution Roswell Park Comprehensive Cancer Center Research area Surgical Oncology Contact address Elm and Carton Streets, Buffalo, NY14263	
Research area Surgical Oncoogy	
Contact address Elm and Carlton Streets, Buffalo, NY14263	
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity	
or other organization with an interest related to the SUPER project?	
2a Employment.	TYes No
2b Consulting, including service as a technical, professional, or other advisor.	□Yes ZNo

Within the past 3 years, have you or your research unit received support from a commercial or other organization with interest related to the SUPER project?3a Financial support, including grants, sponsorships, personal fees, and other <a above,="" any="" below;="" details="" give="" href="https://www.www.www.www.www.www.www.www.www.w&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;3a Financial support, including grants, sponsorships, personal fees, and other Yes XNo&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;funding.&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;3b Non-monetary support value, including collaborations, equipment, facilities, Yes 10 No&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;research assistants, paid travel to meetings, etc.&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;4. Intellectual Property: Patents, trademarks, and copyrights&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;4a Do you have any intellectual property rights that might be enhanced or Yes No&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;diminished by the outcome of the SUPER project?&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;4b Patents, trademarks, or copyrights (pending applications, surgical instrument Section No&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;patents, etc.).&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;4c Proprietary know-how in a substance, technology, or process.&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;5. Intellectual Conflicts of Interests&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Competing or other intellectual interests (including those of an academic nature, &lt;math&gt;\Box&lt;/math&gt;Yes XNo&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;e.g., a surgical technique invention or the name of a surgical technique was&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;associated with you) that could potentially affect your objectivity with respect to&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;the objective of the SUPER project and the data that may inform the development&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;of essential reporting items.&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;6. Relationships Not Covered Above&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Do you have any additional information to disclose that is not covered in the &lt;math&gt;\Box&lt;/math&gt;Yes XNo&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;items above?&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;7. Explanation&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;If you have answered " of="" other<="" please="" questions="" relevant="" td="" the="" to="" yes"=""><td>wise,</td></a>	wise,
please go to item 8.	
Name ofGrantSponsorshipsPersonal FeesNon-monetaryComments	
Institution/Company (Purpose and (Purpose and support	
and amount) amount) amount)	
Patent Pending Issued Licensed Royalties Licensee Comments	

Intellectual Conflicts	Additional	Comments				
of Interests	Information					
8. Disclosure Statemen	t					
By completing and sign	ing this form, y	ou consent to the disclosure of any relevant potential conflicts of				
interests to other partici	pants and in the	resulting report or work product.				
Disclosure Statement: I	Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of					
my knowledge. Should	there be any cl	hange to the above information, I will promptly notify the team				
leaders of the SUPER	project and com	plete a new disclosure of potential conflicts of interest form to				
provide details of these	changes. This i	includes any change that occurs before or during the meeting or				
work itself or during th	ne period up to	the publication of the final results or completion of the activity				
concerned.						
Date: 12/30/2	6	Handwritten Signature:				

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#### CONFIDENTIALITY AGREEMENT

You have been approved to join the SUPER (Surgical techniqUe rePorting chEcklist and standaRds) project. The ethical guidelines of this study require that you read and sign this form, signifying that you are willing to enter into a confidentiality agreement with respect to the data collected in this project.

In this letter "Confidential Information" includes all business, operational and other information or data of whatever kind relating to SUPER group or its products/works, whether oral, written or in any other form, in any format relative to the Purpose, whether marked as "confidential" or not, under this Agreement.

**<u>1.</u>** <u>Disclosure of Confidential Information</u>. By signing this Agreement, you undertake to respect the confidentiality of all data and information supplied by SUPER project, including electronic and oral; and not to disclose such data and information to any third party other than to other official participants of the project concerned.

**2. Miscellaneous.** The signatory shall not make any public announcements concerning this Agreement, or use the project's names, trademarks, logos, insignia, or other identifying marks, or any version, abbreviation or representation of any of them, in any advertising, publicity, promotional materials or other public announcement without the prior written consent of the concerned project's committee, which consent may be withheld in its sole discretion. This Agreement supersedes all prior agreements, written or oral, between the parties relating to the subject matter of this Agreement.

Handwritten Signature:	Stere Hertwald	
Title: hofesso	v of Oncology, Chief of GI/Endoarne	Surger
Contact Telephone:	716 845 5714	/
Contact E-mail:	Steven. hochwald & roswellpark. org	
Date: 12/3	0/20	

#### Introduction

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1. Identification Information	
Full name	LERUT Toni
Institution	University Hospital Leuven Belgium
Research area	Thoracic Surgery
Contact address	Kortrijhksestraat 191 B-3010 Leuven, Be
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity	No
or other organization with an interest related to the SUPER project?	
2a Employment.	□Yes ■No
2b Consulting, including service as a technical, professional, or other advisor.	□Yes ■No

3. Relevant Financial and Non-Monetary Activities										
Within the past 3 years, have you or your research unit received support from a									No	
commercial or other organization with interest related to the SUPER project?										
3a Finan	cial support,	including	grants,	spon	sorships	, per	rsonal fees,	and other	□Ye	s 🔳No
funding.										; 
3b Non-r	nonetary supp	port value,	, includir	ng co	ollaborati	ions,	, equipment	, facilities,	□Ye	s 🔳No
research	assistants, pai	d travel to	meeting	gs, et	i <b>C.</b>					
4. Intelle	ctual Proper	ty: Patent	ts, trade	emar	ks, and	сору	rights			
4a Do y	ou have any	intellectu	al prope	erty	rights th	iat n	aight be en	hanced or	□Ye	s 🔳No
diminish	ed by the outc	ome of the	e SUPEF	R pro	oject?					
4b Patent	ts, trademarks	, or copyr	ights (pe	endin	ig applic	atior	ns, surgical i	instrument	□Ye	s 🔳No
patents, e	etc.).									
4c Propri	ietary know-h	ow in a su	bstance,	, tech	nology,	or pr	ocess.		□Ye	s 🔳No
5. Intellectual Conflicts of Interests										
Competing or other intellectual interests (including those of an academic nature,								nic nature,	□Ye	s 🔳No
e.g., a si	urgical techni	que inven	tion or	the r	name of	a si	urgical tech	nique was		
associate	d with you) th	nat could p	otentiall	ly aff	fect your	obje	ctivity with	respect to		
the objec	tive of the SU	PER proje	ct and th	he dat	ta that m	ay in	form the de	velopment		
of essent	ial reporting i	tems.								
6. Relati	onships Not (	Covered A	bove							
Do you l	have any add	itional inf	ormatior	n to	disclose	that	is not cove	ered in the	□Ye	s 🔳No
items abo	ove?									
7. Expla	nation									
If you ha	ve answered "	Yes" to an	y of the c	quest	tions abo	ve, p	lease give th	he relevant o	letails	below; otherwise,
please go	to item 8.									
Name o	f	Grant	Sr	ponse	orships	Per	sonal Fees	Non-mone	etary	Comments
Instituti	on/Company	(Purpose	; (P	<b>`</b> urpo	ose and	(Pu	rpose and	support		
		and amo	unt) an	moun	ıt)	am	ount)			
Patent	Pending	Issued	License	ed	Royalti	es	Licensee	Comments		

Intellectual Conflicts	Additional	Comments				
of Interests	Information					
8. Disclosure Statemen	it					
By completing and signing this form, you consent to the disclosure of any relevant potential conflicts of						
interests to other partici	pants and in the	resulting report or work product.				
Disclosure Statement: I	Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of					
my knowledge. Should	there be any ch	hange to the above information, I will promptly notify the team				
leaders of the SUPER	project and com	plete a new disclosure of potential conflicts of interest form to				
provide details of these	changes. This i	includes any change that occurs before or during the meeting or				
work itself or during th	work itself or during the period up to the publication of the final results of completion of the activity					
concerned.	concerned.					
Date: Janury 8th 2021		Handwritten Signature:				
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1. Identification Information						
Full name	Alan Sihoe					
Institution	Gleneagles Hong Kong Hospital					
Research area	General Thoracic Surgery					
Contact address	Flat 47NC, Block 5, Festival City phase 1, Tai Wai, Ho	ng Kong SAR, China.				
2. Employment and Consulting						
Within the past 3 years, have you received remu	neration from a commercial entity	Medela				
or other organization with an interest related to	or other organization with an interest related to the SUPER project?					
2a Employment.	□Yes ■No					
2b Consulting, including service as a technical	□Yes ■No					
3. Relevant Financial and Non-Monetary Activities						

Within the past 3 years	Medtronio Medela	2				
commercial or other or						
3a Financial support,	including gran	ts, sponsorships	, personal fees,	and other	□Ye	s 🔳No
funding.						
3b Non-monetary supp	ort value, inclu	uding collaborat	ions, equipment,	, facilities,	□Ye	s 🔳No
research assistants, paie	d travel to mee	tings, etc.				
4. Intellectual Propert	ty: Patents, tra	ademarks, and	copyrights			
4a Do you have any	intellectual pr	operty rights th	nat might be en	hanced or	□Ye	s 🔳No
diminished by the outco	ome of the SU	PER project?				
4b Patents, trademarks	, or copyrights	(pending applic	ations, surgical i	instrument	□Ye	s 🔳No
patents, etc.).						
4c Proprietary know-ho	ow in a substan	ce, technology,	or process.		□Ye	s 🔳No
5. Intellectual Conflic	ts of Interests					
Competing or other int	ellectual intere	sts (including th	ose of an acaden	nic nature,	□Ye	s 🔳No
e.g., a surgical technic	nique was					
associated with you) th	respect to					
the objective of the SUI	velopment					
of essential reporting it						
6. Relationships Not C						
Do you have any addi	tional informa	tion to disclose	that is not cove	ered in the	□Yes ■No	
items above?						
7. Explanation						
If you have answered "	Yes" to any of t	he questions abo	ve, please give th	ne relevant o	letails	below; otherwise,
please go to item 8.						
Name of	Grant	Sponsorships	Personal Fees	Non-mone	etary	Comments
Institution/Company	(Purpose	(Purpose and	(Purpose and	support		
	and amount)	amount)	amount)			
Medtronic						
Medela						

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts	Additional	Comments
of Interests	Information	

### 8. Disclosure Statement

By completing and signing this form, you consent to the disclosure of any relevant potential conflicts of interests to other participants and in the resulting report or work product.

Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of my knowledge. Should there be any change to the above information, I will promptly notify the team leaders of the SUPER project and complete a new disclosure of potential conflicts of interest form to provide details of these changes. This includes any change that occurs before or during the meeting or work itself or during the period up to the publication of the final results or completion of the activity concerned.

Date: 6 Jan 2021 Handwritten Signature:

### Introduction

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1. Identification Information	
Full name	LEANDRO CARDOSO BARCHI
Institution	GASTROMED INSTITUTE
Research area	DIGESTIVE SURGERY
Contact address	AV NOVE DE JULHO 4.440 SÃO PAULO
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity	NO
or other organization with an interest related to the SUPER project?	
2a Employment.	□Yes ■No
2b Consulting, including service as a technical, professional, or other advisor.	□Yes □No

3. Relevant Financial and Non-Monetary Activities										
Within the past 3 years, have you or your research unit received support from a								NO		
commerc	ial or other or	ganizatior	ı witł	1 interes	st related	to tl	ne SUPER p	project?		
3a Finan	cial support,	including	gran	ts, spor	isorships	, per	rsonal fees,	and other	□Ye	s 🗌No
funding.										
3b Non-r	nonetary supp	port value,	inclu	uding co	ollaborat	ions	, equipment	, facilities,	□Ye	s 🗌No
research	assistants, pai	d travel to	mee	tings, et	c.					
4. Intellectual Property: Patents, trademarks, and copyrights										
4a Do y	ou have any	intellectu	al pr	operty	rights th	nat n	night be en	hanced or	□Ye	s 🗌No
diminishe	ed by the outc	ome of the	e SUI	PER pro	oject?					
4b Patent	s, trademarks	, or copyr	ights	(pendir	ng applic	atior	ns, surgical i	instrument	□Ye	s 🗌No
patents, e	etc.).									
4c Proprietary know-how in a substance, technology, or process.									□Ye	s 🗌 No
5. Intellectual Conflicts of Interests										
Competing or other intellectual interests (including those of an academic nature,							nic nature,	□Ye	s 🗌No	
e.g., a surgical technique invention or the name of a surgical technique was										
associated with you) that could potentially affect your objectivity with respect to							respect to			
the objective of the SUPER project and the data that may inform the development							velopment			
of essential reporting items.										
6. Relationships Not Covered Above										
Do you l	nave any add	itional infe	orma	tion to	disclose	that	is not cove	ered in the	□Ye	s 🗌No
items abo	ove?									
7. Expla	nation									
If you hav	ve answered "	Yes" to any	y of t	he quest	tions abo	ve, p	lease give th	ne relevant o	details	below; otherwise,
please go to item 8.										
Name of	f	Grant	Grant Sponsorships Personal Fees Non-mone					Non-mone	etary	Comments
Instituti	on/Company	(Purpose	;	(Purpo	ose and	(Pu	rpose and	support		
and amount) amount) amou				ount)						
Patent	Pending	Issued	Lice	ensed	Royalti	es	Licensee	Comments		

Intellectual Conflicts	ets Additional Comments								
of Interests	Information								
8. Disclosure Statemen	8. Disclosure Statement								
By completing and sign	ing this form, yo	ou consent to the disclosure of any relevant potential conflicts of							
interests to other partici	pants and in the 1	resulting report or work product.							
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my knowledge. Should	there be any ch	ange to the above information, I will promptly notify the team							
leaders of the SUPER	project and com	plete a new disclosure of potential conflicts of interest form to							
provide details of these	changes. This in	ncludes any change that occurs before or during the meeting or							
work itself or during the period up to the publication of the final results or completion of the activity									
concerned.		$\Lambda$							
Date:	Date: Handwritten Signature: Dr. Landro C. Bachi								
25 OF JANUARY, 2021		9RM 117.158							

### Introduction

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1. Identification Information			
Full name	Sebastien Gilbert		
Institution	The Ottawa Hospital		
Research area	Thoracic Surgery		
Contact address	501 Smyth Road, General Campus, Box		
2. Employment and Consulting			
Within the past 3 years, have you received remuneration from a commercial entity	No.		
or other organization with an interest related to the SUPER project?			
2a Employment.	□Yes ■No		
2b Consulting, including service as a technical, professional, or other advisor.	□Yes □No		

3. Relevant Financial and Non-Monetary Activities										
Within the past 3 years, have you or your research unit received support from a								No.		
commerc	ial or other or	rganizatior	ı with	1 interes	st related	to tl	ne SUPER p	project?		
3a Finan	cial support,	including	gran	ts, spor	sorships	, per	rsonal fees,	and other	□Ye	s 🗌No
funding.										
3b Non-r	nonetary supp	port value,	inclu	uding co	ollaborat	ions	, equipment	, facilities,	□Ye	s 🗌No
research	assistants, pai	d travel to	meet	tings, et	c.					
4. Intellectual Property: Patents, trademarks, and copyrights										
4a Do y	ou have any	intellectu	al pr	operty	rights th	nat n	night be en	hanced or	□Ye	s 🗌 No
diminishe	ed by the outc	ome of the	e SUI	PER pro	oject?					
4b Patent	s, trademarks	, or copyr	ights	(pendir	ng applic	atior	ns, surgical i	instrument	□Ye	s 🗌No
patents, e	etc.).									
4c Proprietary know-how in a substance, technology, or process.									□Ye	s 🗌 No
5. Intellectual Conflicts of Interests										
Competing or other intellectual interests (including those of an academic nature,							□Ye	s 🗌No		
e.g., a surgical technique invention or the name of a surgical technique was										
associated with you) that could potentially affect your objectivity with respect to							respect to			
the objective of the SUPER project and the data that may inform the development							velopment			
of essential reporting items.										
6. Relationships Not Covered Above										
Do you l	nave any add	itional infe	ormat	tion to	disclose	that	is not cove	ered in the	□Ye	s 🗌No
items abo	ove?									
7. Expla	nation									
If you hav	ve answered "	Yes" to any	y of tl	he quest	tions abo	ve, p	lease give th	ne relevant o	details	below; otherwise,
please go to item 8.										
Name of	f	Grant	Grant Sponsorships Personal Fees Non-mone					Non-mone	etary	Comments
Instituti	on/Company	(Purpose	;	(Purpo	ose and	(Pu	rpose and	support		
	and amount) amount) amount)									
Patent	Pending	Issued	Lice	ensed	Royalti	es	Licensee	Comments		

Intellectual Conflicts	Additional	Comments						
of Interests	Information							
8. Disclosure Statement								
By completing and signing this form, you consent to the disclosure of any relevant potential conflicts of								
interests to other participants and in the resulting report or work product.								
Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of								
my knowledge. Should	there be any ch	ange to the above information, I will promptly notify the team						
leaders of the SUPER	project and com	plete a new disclosure of potential conflicts of interest form to						
provide details of these	changes. This is	ncludes any change that occurs before or during the meeting or						
work itself or during th	ne period up to t	he publication of the final results or completion of the activity						
concerned.								
Date:	Date: Handwritten Signature:							
19 Jan 2021								

### Introduction

Objectivity and independence are core principles of developing a reporting guideline. Each expert on the SUPER (Surgical techniqUe rePorting chEcklist and standaRds) project panel must disclose any potential interests that may affect or deviate from these two principles. You must disclose on this Conflicts of Interests (COI) form for any financial, professional, or other potential interests related to the work, as well as any interests that may be affected by the SUPER project. This form will be reviewed by the COI management team to determine whether, and to what extent, you have a conflict of interest relevant to the SUPER subject.

By collating a list of essential reporting checklists for surgical technical articles, the SUPER project aims to improve the standardization and reporting of surgical technical articles. Through this, the SUPER project will help to further improve the objective evaluation and promote the development of surgical techniques in a more standardized, safe, effective, and feasible way for the benefit of patients.

1. Identification Information	
Full name	Ryuichi Waseda
Institution	Fukuoka University
Research area	Thoracic Surgery, Lung Transplant
Contact address	wryuichi0119@fukuoka-u.ac.jp
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity	
or other organization with an interest related to the SUPER project?	
2a Employment.	□Yes ■No
2b Consulting, including service as a technical, professional, or other advisor.	□Yes ■No

3. Relevant Financial and Non-Monetary Activities									
Within the past 3 y	port from a								
commercial or othe	project?								
3a Financial suppo	3a Financial support, including grants, sponsorships, personal fees, and other								
funding.	funding.								
3b Non-monetary s	support value	e, including	collabo	ration	s, equipment	, facilities,	□Ye	es 🔳 No	
research assistants,	paid travel t	o meetings,	etc.						
4. Intellectual Pro	perty: Pater	its, tradem	arks, a	nd cop	oyrights	,			
4a Do you have a	iny intellect	ual propert	/ rights	that	might be er	hanced or	□Ye	es 🔳 No	
diminished by the o	outcome of the	e SUPER j	roject?						
4b Patents, tradema	arks, or copy	rights (pend	ling app	olicatio	ons, surgical	instrument	□Ye	s 🔳No	
patents, etc.).									
4c Proprietary know	v-how in a s	ubstance, te	chnolog	y, or p	process.		□Ye	s 🔳No	
5. Intellectual Conflicts of Interests									
Competing or other intellectual interests (including those of an academic nature,							□Ye	es 🔳 No	
e.g., a surgical tec	hnique inve	ntion or the	e name	ofa	surgical tech	nique was			
associated with you	) that could	potentially	affect y	our ob	jectivity with	respect to			
the objective of the	SUPER proj	ect and the	lata tha	t <mark>may</mark> i	inform the de	velopment			
of essential reportin	ng items.								
6. Relationships N	ot Covered	Above							
Do you have any a	additional in	formation t	o disclo	se tha	t is not cov	ered in the	□Ye	s 🔳No	
items above?									
7. Explanation					_				
If you have answere	d "Yes" to a	ny of the que	stions a	bove,	please give t	he relevant o	details	below; otherwise,	
please go to item 8.									
Name of	Grant	Spor	sorship	s Pe	ersonal Fees	Non-mone	etary	Comments	
Institution/Compa	ny (Purpos	e (Pur	oose ai	nd (P	urpose and	support			
	and amo	ount) amo	ınt)	an	nount)				
<b></b>									
Patent Pending	Issued	Licensed	Roy	alties	Licensee	Comments			

	······	
Intellectual Conflicts	Additional	Comments
of Interests	Information	
8. Disclosure Statemen	t	
By completing and sign	ing this form, y	ou consent to the disclosure of any relevant potential conflicts of
interests to other partici	pants and in the	resulting report or work product.
Disclosure Statement: I	hereby declare	that the disclosed information is true and complete to the best of
my knowledge. Should	there be any ch	nange to the above information, I will promptly notify the team
leaders of the SUPER	project and com	plete a new disclosure of potential conflicts of interest form to
provide details of these	changes. This i	includes any change that occurs before or during the meeting or
work itself or during th	ne period up to	the publication of the final results or completion of the activity
concerned.		
Date:		Handwritten Signature: Naseda
20th Jan. 2021		n: Wasea a

#### **CONFIDENTIALITY AGREEMENT**

You have been approved to join the SUPER (Surgical techniqUe rePorting chEcklist and standaRds) project. The ethical guidelines of this study require that you read and sign this form, signifying that you are willing to enter into a confidentiality agreement with respect to the data collected in this project.

In this letter "Confidential Information" includes all business, operational and other information or data of whatever kind relating to SUPER group or its products/works, whether oral, written or in any other form, in any format relative to the Purpose, whether marked as "confidential" or not, under this Agreement.

**<u>1.</u>** <u>Disclosure of Confidential Information</u>. By signing this Agreement, you undertake to respect the confidentiality of all data and information supplied by SUPER project, including electronic and oral; and not to disclose such data and information to any third party other than to other official participants of the project concerned.

**2. Miscellaneous.** The signatory shall not make any public announcements concerning this Agreement, or use the project's names, trademarks, logos, insignia, or other identifying marks, or any version, abbreviation or representation of any of them, in any advertising, publicity, promotional materials or other public announcement without the prior written consent of the concerned project's committee, which consent may be withheld in its sole discretion. This Agreement supersedes all prior agreements, written or oral, between the parties relating to the subject matter of this Agreement.

Handwritten Signature:

Title: Assistant Professor, Department of General Thoracic, Breast and Pediatric Surgery, Fukuoka University

Contact Telephone: +81-92-801-1011

Contact E-mail:	wryuichi0119@fukuoka-u.ac.jp
CUMEALE L'IMAN.	in fanning i se Grannen in ange

Date: Jan. 20th. 2021

#### Introduction

Objectivity and independence are core principles of developing a reporting guideline. Each expert on the SUPER (Surgical techniqUe rePorting chEcklist and standaRds) project panel must disclose any potential interests that may affect or deviate from these two principles. You must disclose on this Conflicts of Interests (COI) form for any financial, professional, or other potential interests related to the work, as well as any interests that may be affected by the SUPER project. This form will be reviewed by the COI management team to determine whether, and to what extent, you have a conflict of interest relevant to the SUPER subject.

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1. Identification Information	
Full name	SEYFI ALPER TOKER
Institution	West Virpinia University
Research area	Robohi Surpay
Contact address	
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity	KI -
or other organization with an interest related to the SUPER project?	NO
2a Employment.	□Yes □No
2b Consulting, including service as a technical, professional, or other advisor.	□Yes □No

3. Relevant Financial and Non-Monetary Activities									
Within the past 3 years	, have you	ı or ye	our rese	earch un	it rec	eived suppo	ort from a		
commercial or other or	ganization	with	interest	t related	to th	e SUPER pi	roject?		
3a Financial support, i	3a Financial support, including grants, sponsorships, personal fees, and oth								No
funding.	funding.								
3b Non-monetary supp	ort value,	inclu	ding co	llaborati	ons,	equipment,	facilities,	[]Yes	s ZNo
research assistants, paid	i travel to	meeti	ings, etc	с.					
4. Intellectual Property	y: Patent	s, tra	demar	ks, and o	сору	rights			
4a Do you have any	intellectua	al pro	perty 1	rights th	at m	ight be enl	nanced or	[]Yes	s ZNo
diminished by the outco	ome of the	SUP	ER pro	ject?					
4b Patents, trademarks,	, or copyri	ghts (	(pendin	g applica	ation	s, surgical i	nstrument	□Yes	s ØNo
patents, etc.).									/
4c Proprietary know-ho	ow in a sul	ostanc	ce, tech	nology, o	or pr	ocess.		□Yes	s 🛛 No
5. Intellectual Conflicts of Interests									
Competing or other int	ellectual in	nteres	ts (incl	uding the	ose c	of an academ	nic nature,	□Ye	s 🖾 No
e.g., a surgical technic	que invent	tion o	or the r	name of	a su	rgical techi	nique was		
associated with you) th	at could p	otenti	ally aff	èct your	obje	ctivity with	respect to		
the objective of the SU	PER proje	ct and	l the dat	a that m	ay in	form the dev	velopment		
of essential reporting it	ems.								
6. Relationships Not (	Covered A	bove							
Do you have any addi	tional info	ormat	ion to (	disclose	that	is not cove	red in the	□Ye	s 🖉 No
items above?									
7. Explanation								i	
If you have answered "	Yes" to any	y of th	ne quest	ions abo	ve, p	lease give th	ne relevant (	letails	below; otherwise,
please go to item 8.	<b>1</b>								
Name of	Grant		Sponse	orships	Per	sonal Fees	Non-mone	etary	Comments
Institution/Company	(Purpose	;	(Purpo	se and	(Pu	rpose and	support		
and amount) amount) amount)									
				<b>-</b>					
Patent Pending	Issued	Lice	ensed	Royalti	ies	Licensee	Comments	3	

Intellectual Conflicts	Additional	Comments						
of Interests	Information							
8. Disclosure Statemen	t							
By completing and sign	ing this form, yo	ou consent to the disclosure of any relevant potential conflicts of						
interests to other partici	interests to other participants and in the resulting report or work product.							
Disclosure Statement: I	Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of							
my knowledge. Should	there be any ch	ange to the above information, I will promptly notify the team						
leaders of the SUPER	project and com	plete a new disclosure of potential conflicts of interest form to						
provide details of these	changes. This is	ncludes any change that occurs before or during the meeting or						
work itself or during th	ne period up to t	he publication of the final results or completion of the activity						
concerned.								
Date: Jon 16th,	2021	Handwritten Signature:						
		VIVV						

### Introduction

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1. Identification Information	
Full name	Diego Gonzalez Rivas
Institution	Coruna University Hospital
Research area	Thoracic surgery
Contact address	
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity	
or other organization with an interest related to the SUPER project?	
2a Employment.	□Yes □No
2b Consulting, including service as a technical, professional, or other advisor.	□Yes □No

3. Releva	ant Financial	and Non-	·Mon	etary A	Activities	\$				
Within the past 3 years, have you or your research unit received support from a										
commerc	ial or other or	rganizatior	ı with	1 interes	st related	to th	ne SUPER p	roject?		
3a Finan	3a Financial support, including grants, sponsorships, personal fees, and o								□Ye	es 🗌 No
funding.										
3b Non-r	nonetary supp	port value,	inclu	iding co	ollaborat	ions,	, equipment,	facilities,	□Ye	es 🗌 No
research	assistants, pai	d travel to	meet	tings, et	tc.					
4. Intelle	ctual Proper	ty: Patent	ts, tra	ıdemar	ks, and	сору	rights			
4a Do y	ou have any	intellectu	al pro	operty	rights th	iat n	night be en	hanced or	□Ye	s 🗌No
diminishe	ed by the outc	come of the	e SUF	PER pro	oject?					
4b Patent	ts, trademarks	, or copyr	ights	(pendir	ng applic	atior	ns, surgical i	instrument	□Ye	es 🗌 No
patents, e	patents, etc.).									
4c Proprietary know-how in a substance, technology, or process.								□Ye	es 🗌 No	
5. Intellectual Conflicts of Interests										
Competir	ng or other int	tellectual i	nteres	sts (incl	uding th	ose (	of an acaden	nic nature,	□Ye	es 🗌 No
e.g., a su	irgical techni	que inven	tion (	or the 1	name of	a si	urgical tech	nique was		
associate	d with you) th	nat could p	otent	ially aff	fect your	obje	ectivity with	respect to		
the object	tive of the SU	PER proje	ct and	d the da	ta that m	ay in	form the dev	velopment		
of essenti	ial reporting it	tems.								
6. Relation	onships Not (	Covered A	bove	<u>)</u>						
Do you l	nave any add	itional inf	ormat	tion to	disclose	that	is not cove	ered in the	□Ye	es 🔳 No
items abo	ove?									
7. Expla	nation									
If you hav	ve answered "	Yes" to an	y of tł	he quest	tions abo	ve, p	lease give th	ne relevant o	letails	below; otherwise,
please go	to item 8.									
Name of	f	Grant		Sponse	orships	Per	sonal Fees	Non-mone	etary	Comments
Instituti	on/Company	(Purpose	;	(Purpo	ose and	(Pu	rpose and	support		
		and amor	unt)	amoun	ıt)	am	ount)			
		<u> </u>								<u> </u>
Patent	Pending	Issued	Lice	ensed	Royalti	es	Licensee	Comments		

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts	Additional	Comments						
of Interests	Information							
8. Disclosure Statemen	ıt							
By completing and signing this form, you consent to the disclosure of any relevant potential conflicts of								
interests to other participants and in the resulting report or work product.								
Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of								
my knowledge. Should	my knowledge. Should there be any change to the above information, I will promptly notify the team							
leaders of the SUPER project and complete a new disclosure of potential conflicts of interest form to								
provide details of these	changes. This in	ncludes any change that occurs before or during the meeting or						
work itself or during th	ne period up to t	he publication of the final results or completion of the activity						
concerned.								
Date: 24 January 2021		Handwritten Signature:						

### Introduction

Objectivity and independence are core principles of developing a reporting guideline. Each expert on the SUPER (Surgical techniqUe rePorting chEcklist and standaRds) project panel must disclose any potential interests that may affect or deviate from these two principles. You must disclose on this Conflicts of Interests (COI) form for any financial, professional, or other potential interests related to the work, as well as any interests that may be affected by the SUPER project. This form will be reviewed by the COI management team to determine whether, and to what extent, you have a conflict of interest relevant to the SUPER subject.

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1. Identification In	nformation		
Full name	Robert Fruscio		
Institution	University of Milan-Bicocca		
Research area	Gynecology		
Contact address	robert. Fruscia Bunimib., it		
2. Employment an	nd Consulting		
Within the past 3 ye	ears, have you received remuneration from a commercial entity		
or other organizatio	on with an interest related to the SUPER project?		(
2a Employment.		□Yes	Mo
2b Consulting, incl	uding service as a technical, professional, or other advisor.	□Yes	No

3. Relevant Financial						
Within the past 3 years, have you or your research unit received support from a						
commercial or other or						
3a Financial support,	□Yes	s INO				
funding.						
3b Non-monetary supp	□Yes	s INO				
research assistants, pai	d travel to mee	tings, etc.				
4. Intellectual Proper	ty: Patents, tr	ademarks, and	copyrights			/
4a Do you have any	hanced or	□Yes	s INO			
diminished by the outcome of the SUPER project?						
4b Patents, trademarks, or copyrights (pending applications, surgical instrument						s 🖾 No
patents, etc.).						
4c Proprietary know-how in a substance, technology, or process.						s 🗹 No
5. Intellectual Conflicts of Interests						
Competing or other intellectual interests (including those of an academic nature,						s 🖻 No
e.g., a surgical technique invention or the name of a surgical technique was						
associated with you) that could potentially affect your objectivity with respect to						
the objective of the SUPER project and the data that may inform the development						
of essential reporting items.						
6. Relationships Not Covered Above						
Do you have any additional information to disclose that is not covered in the						s 🖾 No
items above?						
7. Explanation						
If you have answered "	Yes" to any of t	he questions abo	ve, please give th	ne relevant c	letails l	below; otherwise,
please go to item 8.						
Name of	Grant	Sponsorships	Personal Fees	Non-mone	tary	Comments
Institution/Company	(Purpose	(Purpose and	(Purpose and	support		
	and amount)	amount)	amount)			
			A)			

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts	Additional	Comments
of Interests	Information	

#### 8. Disclosure Statement

By completing and signing this form, you consent to the disclosure of any relevant potential conflicts of interests to other participants and in the resulting report or work product.

Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of my knowledge. Should there be any change to the above information, I will promptly notify the team leaders of the SUPER project and complete a new disclosure of potential conflicts of interest form to provide details of these changes. This includes any change that occurs before or during the meeting or work itself or during the period up to the publication of the final results or completion of the activity concerned.

January 1th, 2021 Date:

Handwritten Signature: / A-RS
#### CONFIDENTIALITY AGREEMENT

You have been approved to join the SUPER (Surgical techniqUe rePorting chEcklist and standaRds) project. The ethical guidelines of this study require that you read and sign this form, signifying that you are willing to enter into a confidentiality agreement with respect to the data collected in this project.

In this letter "Confidential Information" includes all business, operational and other information or data of whatever kind relating to SUPER group or its products/works, whether oral, written or in any other form, in any format relative to the Purpose, whether marked as "confidential" or not, under this Agreement.

<u>1</u>. <u>Disclosure of Confidential Information</u>. By signing this Agreement, you undertake to respect the confidentiality of all data and information supplied by SUPER project, including electronic and oral; and not to disclose such data and information to any third party other than to other official participants of the project concerned.

**2.** Miscellaneous. The signatory shall not make any public announcements concerning this Agreement, or use the project's names, trademarks, logos, insignia, or other identifying marks, or any version, abbreviation or representation of any of them, in any advertising, publicity, promotional materials or other public announcement without the prior written consent of the concerned project's committee, which consent may be withheld in its sole discretion. This Agreement supersedes all prior agreements, written or oral, between the parties relating to the subject matter of this Agreement.

Handwritten Signature:
Title: MD FRES(ENG), FACS, FEEP, FEBTS
-79 7159 7 C 1019
Contact Telephone: <u>+37357364819</u>
Contact E-mail: 1 MARCO. SCARED MAC. COM
Date: $8 1 3021$
Date

### Introduction

Objectivity and independence are core principles of developing a reporting guideline. Each expert on the SUPER (Surgical techniqUe rePorting chEcklist and standaRds) project panel must disclose any potential interests that may affect or deviate from these two principles. You must disclose on this Conflicts of Interests (COI) form for any financial, professional, or other potential interests related to the work, as well as any interests that may be affected by the SUPER project. This form will be reviewed by the COI management team to determine whether, and to what extent, you have a conflict of interest relevant to the SUPER subject.

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1. Identification Information	
Full name	MARCO SCAR
Institution	S. GERARDO HC
Research area	THOPAPIC SUZ
Contact address	VIA PERGOLES
2. Employment and Consulting	20900 MONZ +
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	Ves VNo
2b Consulting, including service as a technical, professional, or other advisor.	Yes No

3. Relevant Financial and Non-Monetary Activities										
Within the past 3 years, have you or your research unit received support from a										
commerc	cial or other o	rganizatio	n with	interes	st related	to ti	he SUPER p	project?		1
3a Finar	icial support,	and other	□Ye	s DNo						
funding.										
3b Non-	monetary sup	, facilities,	□Ye	s INO						
research	assistants, pa									
4. Intellectual Property: Patents, trademarks, and copyrights										
4a Do you have any intellectual property rights that might be enhanced or										s INo
diminish	ed by the out	come of th	e SUP	PER pro	oject?					
4b Paten	ts, trademarks	s, or copyr	rights	(pendir	ng applic	ation	ns, surgical	instrument	□Ye	s yno
patents, etc.).										
4c Proprietary know-how in a substance, technology, or process.									□Ye	s Dro
5. Intellectual Conflicts of Interests										
Competing or other intellectual interests (including those of an academic nature,									□Ye	s UNO
e.g., a surgical technique invention or the name of a surgical technique was										
associated with you) that could potentially affect your objectivity with respect to										
the objective of the SUPER project and the data that may inform the development										
of essent	ial reporting i	tems.								
6. Relati	onships Not	Covered A	bove							
Do you	have any add	itional inf	òrmat	ion to	disclose	that	is not cove	ered in the	□Ye	s INO
items abo	ove?									
7. Expla	nation									
If you ha	ve answered "	Yes" to an	y of th	ne quest	tions abo	ve, p	blease give t	he relevant o	letails	below; otherwise,
please go	to item 8.									
Name o	f	Grant		Sponse	orships	Per	rsonal Fees	Non-mone	etary	Comments
Instituti	on/Company	(Purpose	•	(Purpo	se and	(Pı	irpose and	support		
		and amo	unt)	amoun	it)	am	ount)			
Patent	Pending	Issued	Lice	nsed	Royalti	es	Licensee	Comments	;	

Intellectual Conflicts of Interests	Additional Information	Comments	

By completing and signing this form, you consent to the disclosure of any relevant potential conflicts of interests to other participants and in the resulting report or work product.

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Handwritten Signature:

concerned.

2020

Date:

#### Introduction

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1. Identification Information	
Full name	FABIO DAVOLI
Institution	AUSL ROMAGNA
Research area	THORACIC SURGERY
Contact address	RAVENNA, VIALE RANDI 5, ITALY
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity	
or other organization with an interest related to the SUPER project?	
2a Employment.	□Yes ■No
2b Consulting, including service as a technical, professional, or other advisor.	□Yes ■No

3. Relevant Financial and Non-Monetary Activities									
Within the past 3 year	NO, I DI	D NOT.							
commercial or other	project?								
3a Financial support	□Ye	s No							
funding.									
3b Non-monetary suj	t, facilities,	□Ye	s INo						
research assistants, pa									
4. Intellectual Property: Patents, trademarks, and copyrights									
4a Do you have any intellectual property rights that might be enhanced or									s 🔳No
diminished by the out	come of th	e SUPER	pro	oject?					
4b Patents, trademark	s, or copy	rights (per	ndir	ng applic	atio	ns, surgical	instrument	∎Ye	es 🗌 No
patents, etc.).									
4c Proprietary know-how in a substance, technology, or process.								□Ye	es 🔳No
5. Intellectual Conflicts of Interests									
Competing or other intellectual interests (including those of an academic nature,								□Ye	s 🔳No
e.g., a surgical technique invention or the name of a surgical technique was									
associated with you) that could potentially affect your objectivity with respect to									
the objective of the SUPER project and the data that may inform the development									
of essential reporting	items.								
6. Relationships Not	Covered A	Above							
Do you have any add	ditional inf	ormation	to	disclose	that	is not cove	ered in the	□Ye	s 🔳No
items above?									
7. Explanation									
If you have answered	"Yes" to an	y of the qu	iest	tions abo	ve, p	olease give t	he relevant o	letails	below; otherwise,
please go to item 8.									
Name of	Grant	Spo	nso	orships	Per	sonal Fees	Non-mone	tary	Comments
Institution/Company	(Purpose	e (Pu	rpo	ose and	(Pu	rpose and	support		
	and amo	unt) am	oun	ıt)	am	ount)			
Patent Pending	Issued	Licensed	l	Royalti	es	Licensee	Comments		
1415708		29/04/2015					ITALIAN PATENT	APPLICAT	FION "TO2013A000038"

Every information about the patent is described in the paper "Double-stapling technique for transhiatal distal esophageal resection: feasibility test in a cadaver model " Int J Surg. 2014;12(4):353-6. doi: 10.1016/j.ijsu.2014.01.009." I hold this patent since 2015, but I think there will be no conflict of interest

in my partecipation in SUPER project.

Intellectual Conflicts of Interests	Additional Information	Comments						
8. Disclosure Statement								
By completing and signing this form, you consent to the disclosure of any relevant potential conflicts of								
interests to other participants and in the resulting report or work product.								
Disclosure Statement: I	hereby declare	that the disclosed information is true and complete to the best of						
my knowledge. Should there be any change to the above information, I will promptly notify the team								
leaders of the SUPER project and complete a new disclosure of potential conflicts of interest form to								
provide details of these	changes. This	includes any change that occurs before or during the meeting or						
work itself or during th	e period up to	the publication of the final results or completion of the activity						
concerned.								

Date: 18 JANUARY 2021	Handwritten Signature:
	Ú

## Introduction

Objectivity and independence are core principles of developing a reporting guideline. Each expert on the SUPER (Surgical techniqUe rePorting chEcklist and standaRds) project panel must disclose any potential interests that may affect or deviate from these two principles. You must disclose on this Conflicts of Interests (COI) form for any financial, professional, or other potential interests related to the work, as well as any interests that may be affected by the SUPER project. This form will be reviewed by the COI management team to determine whether, and to what extent, you have a conflict of interest relevant to the SUPER subject.

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1. Identification Information	
Full name	Piessen
Institution	CHU Lille
Research area	oncological surgery
Contact address	Department of Digestive
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity	
or other organization with an interest related to the SUPER project?	
2a Employment.	□Yes ■No
2b Consulting, including service as a technical, professional, or other advisor.	□Yes ■No

3. Relevant Financial and Non-Monetary Activities										
Within th	ne past 3 years	ort from a								
commerc	ial or other or	project?								
3a Finan	cial support,	and other	□Ye	s 🔳No						
funding.										
3b Non-r	nonetary supp	port value,	, incl	uding co	ollaborat	ions,	, equipment	, facilities,	□Ye	s 🔳No
research	assistants, pai									
4. Intellectual Property: Patents, trademarks, and copyrights										
4a Do you have any intellectual property rights that might be enhanced or										s No
diminishe	ed by the outc	ome of the	e SUI	PER pro	oject?					
4b Patent	ts, trademarks	, or copyr	ights	(pendir	ng applic	atior	ns, surgical	instrument	□Ye	s 🔳No
patents, etc.).										
4c Proprietary know-how in a substance, technology, or process.									□Ye	s 🔳 No
5. Intellectual Conflicts of Interests										
Competing or other intellectual interests (including those of an academic nature,									□Ye	s 🔳 No
e.g., a su	urgical technic	que inven	tion	or the 1	name of	a sı	urgical tech	nique was		
associate	d with you) th	nat could p	otent	ially aff	fect your	obje	ectivity with	respect to		
the object	tive of the SU	PER proje	ct and	d the da	ta that m	ay in	form the de	velopment		
of essenti	ial reporting it	tems.								
6. Relati	onships Not (	Covered A	bov	e						
Do you l	have any addi	itional inf	orma	tion to	disclose	that	is not cove	ered in the	□Ye	s 🔳No
items abo	ove?									
7. Expla	nation									
If you hav	ve answered "	Yes" to an	y of t	he quest	tions abo	ve, p	lease give th	he relevant d	letails	below; otherwise,
please go	to item 8.									
Name of	f	Grant		Sponse	orships	Per	sonal Fees	Non-mone	tary	Comments
Instituti	on/Company	(Purpose	;	(Purpo	ose and	(Pu	rpose and	support		
		and amore	unt)	amoun	it)	ame	ount)			
Patent	Pending	Issued	Lice	ensed	Royalti	es	Licensee	Comments		

Intellectual Conflicts	Additional	Comments						
of Interests	Information							
8. Disclosure Statement								
By completing and signing this form, you consent to the disclosure of any relevant potential conflicts of								
interests to other participants and in the resulting report or work product.								
Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of								
my knowledge. Should there be any change to the above information, I will promptly notify the team								
leaders of the SUPER project and complete a new disclosure of potential conflicts of interest form to								
provide details of these	changes. This is	ncludes any change that occurs before or during the meeting or						
work itself or during th	work itself or during the period up to the publication of the final results or completion of the activity							
concerned.								
Date: 03/02/2021		Handwritten Signature: Gpiessen						

#### Introduction

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1. Identification Information					
Full name	Bin Qiu				
Institution	National Cancer Center/Cancer Hospital, Chinese Aca	cademy of Medical Sciences			
Research area	Oncology surgery; thoracic oncology				
Contact address	No.17,Panjiayuan Nanli,Beijing 100021,China				
2. Employment and Consulting					
Within the past 3 years, have you received remu	NO				
or other organization with an interest related to					
2a Employment.	□Yes ■No				
2b Consulting, including service as a technical	□Yes ■No				
<b>3. Relevant Financial and Non-Monetary Ac</b>	tivities				

Within the past 3 years	s, have you or	your research ur	nit received supp	ort from a	NO	
commercial or other or	project?					
3a Financial support,	including gran	ts, sponsorships	, personal fees,	and other	□Ye	s 🔳No
funding.						
3b Non-monetary supp	oort value, incl	uding collaborat	ions, equipment	, facilities,	□Ye	s 🔳No
research assistants, pai	d travel to mee	tings, etc.				
4. Intellectual Proper						
4a Do you have any	□Ye	s 🔳No				
diminished by the outc						
4b Patents, trademarks	, or copyrights	(pending applic	ations, surgical	instrument	□Ye	s 🔳No
patents, etc.).						
4c Proprietary know-ho	ow in a substar	nce, technology,	or process.		□Ye	s 🔳 No
5. Intellectual Conflic	ts of Interests					
Competing or other int	ellectual intere	sts (including th	ose of an acader	nic nature,	□Ye	s 🔳No
e.g., a surgical technic	que invention	or the name of	a surgical tech	nique was		
associated with you) th	at could potent	tially affect your	objectivity with	respect to		
the objective of the SU	PER project an	d the data that m	ay inform the de	velopment		
of essential reporting it	ems.					
6. Relationships Not (	Covered Abov	e				
Do you have any addi	tional informa	tion to disclose	that is not cove	ered in the	□Ye	s 🔳 No
items above?						
7. Explanation						
If you have answered "	Yes" to any of t	he questions abo	ve, please give th	ne relevant o	letails	below; otherwise,
please go to item 8.						
Name of	Grant	Sponsorships	Personal Fees	Non-mone	etary	Comments
Institution/Company	(Purpose	(Purpose and	(Purpose and	support		
	and amount)	amount)	amount)			
NO	NO	NO				
			NO	NO		NO

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments	
NO	NO	NO	NO	NO	NO	NO	
	- Gorenza	10.00	124/253	AND CO.	279.000 m	2010	

Intellectual Conflicts of Interests	Additional Information	Comments
NO	NO	NO

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Date: Handwritten Signature: Q1U Bin

#### ICMJE DISCLOSURE FORM

Date: June 18th, 2	2021				
Your Name:	Stephen D Wang				
Manuscript Title: protocol	Evidence on re	eporting guidelines for surg	tical technique in clini	cal disciplines: a scoping revie	<u>w</u>
Manuscript numb	er (if known):	GS-21-311			

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) 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	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time inne for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
З	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
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		N	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	AME Publishing	Stephen D Wang is the staff of AME Publishing company
	financial interests	Company	(the publisher of <i>Gland Surgery</i> ).

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

Stephen D Wang is the staff of AME Publishing company (the publisher of *Gland Surgery*).

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.

#### Introduction

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1. Identification Information				
Full name		Yaolong Chen		
Institution		Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou Un		anzhou University
Research area	Sales -	Evidence-based Medicine; Guideline; Reporting guide	sline	
Contact address		No. 199, Donggang West Road, Chengguan District, Lanzhou		
2. Employment and Consultin	g		11/2	
Within the past 3 years, have you or other organization with an in		nuneration from a commercial entity to the SUPER project?		
2a Employment.		□Yes	No	
2b Consulting, including service as a technical, professional, or other advisor.			□Yes	No
3. Relevant Financial and Nor	n-Monetary	Activities		

Within the past 3 years,	have you or y	our research un	it received supp	ort from a		
commercial or other org		3 4 3 W				
3a Financial support, including grants, sponsorships, personal fees, and other funding.						s 🔳 No
3b Non-monetary suppo	ert value inclu	ding collaborati	one equinment	facilities	□Ye	s 🔳 No
research assistants, paid			ions, equipment	, lacintics,		3 8110
4. Intellectual Property		The second s	convrights			
4a Do you have any i				hanced or	□Ye	s 🔳 No
diminished by the outco			at might be en	nuneeu or		
4b Patents, trademarks,			ations, surgical i	instrument	□ Ye:	s 🔳 No
patents, etc.).		G	, 0			
4c Proprietary know-ho	w in a substan	ce, technology,	or process.		□Yes	s 🔳 No
5. Intellectual Conflict						
Competing or other inte	ellectual interes	sts (including the	ose of an acaden	nic nature,	□Yes	s 🔳 No
e.g., a surgical technic						
associated with you) the						
the objective of the SUI						
of essential reporting it	ems.					
of essential reporting it 6. Relationships Not C						
of essential reporting it 6. Relationships Not C Do you have any addi	Covered Above		that is not cove	red in the	□Yes	s 🔳 No
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6. Relationships Not C Do you have any addi	Covered Above		that is not cove	red in the	□Yes	s 🔳 No
6. Relationships Not C Do you have any addi items above?	Covered Above tional informa	tion to disclose				
<ul> <li>6. Relationships Not C</li> <li>Do you have any addi</li> <li>items above?</li> <li>7. Explanation</li> </ul>	Covered Above tional informa	tion to disclose				
<ul> <li>6. Relationships Not C</li> <li>Do you have any additional items above?</li> <li>7. Explanation</li> <li>If you have answered ""</li> </ul>	Covered Above tional informa	tion to disclose			letails	
<ul> <li>6. Relationships Not C Do you have any addi items above?</li> <li>7. Explanation</li> <li>If you have answered "" please go to item 8.</li> </ul>	Covered Above tional informa Yes" to any of t	tion to disclose	ve, please give th	ne relevant o	letails	below; otherwis

Within the past 3 years,	have you or y	our research un	it received supp	ort from a		
commercial or other org		3 4 3 W				
3a Financial support, including grants, sponsorships, personal fees, and other funding.						s 🔳 No
3b Non-monetary suppo	ert value inclu	ding collaborati	one equinment	facilities	□Ye	s 🔳 No
research assistants, paid			ions, equipment	, lacintics,		3 8110
4. Intellectual Property		The second s	convrights			
4a Do you have any i				hanced or	□Ye	s 🔳 No
diminished by the outco			at might be en	nuneeu or		
4b Patents, trademarks,			ations, surgical i	instrument	□ Ye:	s 🔳 No
patents, etc.).		G	, 0			
4c Proprietary know-ho	w in a substan	ce, technology,	or process.		□Ye	s 🔳 No
5. Intellectual Conflict						
Competing or other inte	ellectual interes	sts (including the	ose of an acaden	nic nature,	□ Yes	s 🔳 No
e.g., a surgical technic						
associated with you) the						
the objective of the SUI						
of essential reporting it	ems.					
of essential reporting it 6. Relationships Not C						
of essential reporting it 6. Relationships Not C Do you have any addi	Covered Above		that is not cove	red in the	□Yes	s 🔳 No
6. Relationships Not C	Covered Above		that is not cove	red in the	□Yes	s 🔳 No
6. Relationships Not C Do you have any addi	Covered Above		that is not cove	red in the	□Yes	s 🔳 No
6. Relationships Not C Do you have any addi items above?	Covered Above tional informa	tion to disclose				
<ul> <li>6. Relationships Not C</li> <li>Do you have any addi</li> <li>items above?</li> <li>7. Explanation</li> </ul>	Covered Above tional informa	tion to disclose				
<ul> <li>6. Relationships Not C</li> <li>Do you have any additional items above?</li> <li>7. Explanation</li> <li>If you have answered ""</li> </ul>	Covered Above tional informa	tion to disclose			letails	
<ul> <li>6. Relationships Not C Do you have any addi items above?</li> <li>7. Explanation</li> <li>If you have answered "" please go to item 8.</li> </ul>	Covered Above tional informa Yes" to any of t	tion to disclose	ve, please give th	ne relevant o	letails	below; otherwis

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts of Interests	Additional Information	Comments

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Date:	Handwritten Signature: Jow Cong Chen
11/1//2020	

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1. Identification Information			
Full name	Shugeng Gao		
Institution	National Cancer Center/Cancer Hospital, Chinese Academy of Medical Sciences		
Research area	Oncology surgery; thoracic oncology		
Contact address	No.17,Panjiayuan Nanli,Beijing 100021,China		
2. Employment and Consulting			
Within the past 3 years, have you received remuneration from a commercial entity		NO	
or other organization with an interest related to the SUPER project?			
2a Employment.		□Yes ■No	
2b Consulting, including service as a technical, professional, or other advisor.		□Yes ■No	
3. Relevant Financial and Non-Monetary Activities			

Within the past 3 years, have you or your research unit received support from a					NO	
commercial or other organization with interest related to the SUPER project?						
3a Financial support, including grants, sponsorships, personal fees, and other						s 🔳No
funding.						
3b Non-monetary supp	ort value, incl	uding collaborat	ions, equipment	, facilities,	□Ye	s 🔳No
research assistants, pai	d travel to mee	tings, etc.				
4. Intellectual Property: Patents, trademarks, and copyrights						
4a Do you have any intellectual property rights that might be enhanced or					□Ye	s 🔳No
diminished by the outcome of the SUPER project?						
4b Patents, trademarks	, or copyrights	(pending applic	ations, surgical	instrument	□Ye	s 🔳 No
patents, etc.).						
4c Proprietary know-how in a substance, technology, or process.					□Ye	s 🔳No
5. Intellectual Conflicts of Interests						
Competing or other intellectual interests (including those of an academic nature,					□Ye	s 🔳No
e.g., a surgical technique invention or the name of a surgical technique was						
associated with you) that could potentially affect your objectivity with respect to						
the objective of the SUPER project and the data that may inform the development						
of essential reporting items.						
6. Relationships Not Covered Above						
Do you have any additional information to disclose that is not covered in the					□Ye	s 🔳No
items above?						
7. Explanation						
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwis					below; otherwise,	
please go to item 8.						
Name of	Grant	Sponsorships	Personal Fees	Non-mone	etary	Comments
Institution/Company	(Purpose	(Purpose and	(Purpose and	support		
	and amount)	amount)	amount)			
NO	NO	NO				
			NO	NO		NO

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments
NO	NO	NO	NO	NO	NO	Ю

Intellectual Conflicts	Additional	Comments
of Interests	Information	
NO	NO	NO

Date:

2021-02-25

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Handwritten Signature: Frens