

## ICMJE DISCLOSURE FORM

Date: June 18<sup>th</sup>, 2021

Your Name: Kaiping Zhang

Manuscript Title: Evidence on reporting guidelines for surgical technique in clinical disciplines: a scoping review protocol

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	None	

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

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.

## Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

### 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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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	Yanfeng Ma
Institution	Lanzhou University
Research area	Clinical practice guideline / Evidence-based Medicine
Contact address	No. 199, Donggang West Road, Chengfuan District, Lanzhou
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>3. Relevant Financial and Non-Monetary Activities</b>	

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**

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Yes  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 details below; otherwise, please go to item 8.

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



Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts of Interests	Additional Information	Comments

### 8. Disclosure Statement

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Date: 2020-11-17

Handwritten Signature: Yantong Ma

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	Qianling Shi
Institution	Lanzhou University
Research area	Evidence-based Medicine
Contact address	No. 199, Donggang West Road, Chengguan District, Lanzhou
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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Date:

Handwritten Signature: *Qian liq Shiv*

11/15/2020



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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	Jianfei Shen
Institution	Taihou Hospital of Zhejiang Province
Research area	Lung Cancer.
Contact address	No. 150 Ximen Street, Linhai 317000, Zhejiang, China.
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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3a Financial support, including grants, sponsorships, personal fees, and other funding.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>4. Intellectual Property: Patents, trademarks, and copyrights</b>					
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4c Proprietary know-how in a substance, technology, or process.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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Do you have any additional information to disclose that is not covered in the items above?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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Date: 11-18-2020

Handwritten Signature: jianfei shen



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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	Jinlin Wu
Institution	Guangdong provincial people's hospital
Research area	cardiac surgery
Contact address	106 second Rd, Zhongshan
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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3a Financial support, including grants, sponsorships, personal fees, and other funding.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>4. Intellectual Property: Patents, trademarks, and copyrights</b>	
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Date: *Dec Nov 13, 2020*

Handwritten Signature: *Julia UU*



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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	Xianzhuo Zhang
Institution	Lanzhou University
Research area	Evidence-based Medicine, and General Surgery
Contact address	No. 199, Donggang West Road, Chengguan District, Lanzhou
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date:  
11/15/2020

Handwritten Signature: *Xianzhuo Zhang*

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	Panpan Jiao
Institution	Lanzhou University
Research area	Evidence-based, and General Surgery
Contact address	No.199, Donggang West Road, Chengguan District, Lanzhou
<b>2. Employment and Consulting</b>	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
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Date:

Handwritten Signature:

*Panpan Jiao*

11/20/2020



## ICMJE DISCLOSURE FORM

Date: June 18<sup>th</sup>, 2021

Your Name: Grace S. Li

Manuscript Title: Evidence on reporting guidelines for surgical technique in clinical disciplines: a scoping review protocol

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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<b>Time frame: past 36 months</b>			
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>None</u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>None</u>	
11	Stock or stock options	<u>None</u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>None</u>	
13	Other financial or non-financial interests	<u>AME Publishing Company</u>	Grace S. Li 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:

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: Xugin Tang

Manuscript Title: Evidence on reporting guidelines for surgical technique in clinical disciplines: a scoping review protocol

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	None	



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

## Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

### Introduction

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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.

Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	René Horsleben Petersen
Institution	Department of Cardiothorac
Research area	VATS lobectomy, segmentectomy, thyme
Contact address	Inge Lehmanns Vej 5, Cope
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>3. Relevant Financial and Non-Monetary Activities</b>						
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.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>4. Intellectual Property: Patents, trademarks, and copyrights</b>						
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
4c Proprietary know-how in a substance, technology, or process.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>5. Intellectual Conflicts of Interests</b>						
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.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>6. Relationships Not Covered Above</b>						
Do you have any additional information to disclose that is not covered in the items above?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>7. Explanation</b>						
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.						
Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments	
Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments



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 the period up to the publication of the final results or completion of the activity concerned.

Date: *December 23rd 2020*

Handwritten Signature: *Ravi H. P. [Signature]*

**Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project**

**Introduction**

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
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
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



<b>3. Relevant Financial and Non-Monetary Activities</b>						
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.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
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4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
4c Proprietary know-how in a substance, technology, or process.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>6. Relationships Not Covered Above</b>						
Do you have any additional information to disclose that is not covered in the items above?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>7. Explanation</b>						
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.						
Name of Institution/Company		Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments
Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments



Intellectual Conflicts of Interests	Additional Information	Comments

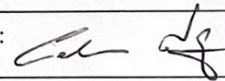
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Date:  
28th December 2020

Handwritten Signature:



## Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	ALFONSO FIORELLI
Institution	UNIVERSITY OF CAMPANIA VANVITELLI, NAPLES.
Research area	THORACIC SURGERY
Contact address	PIAZZA HIRACOLA 83100, NAPLES, ITALY
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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

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4c Proprietary know-how in a substance, technology, or process.  Yes  No

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**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 details below; otherwise, please go to item 8.

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

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments
PCT/IT2017/00005	YES	NO	NO	NO	NO	NO



Intellectual Conflicts of Interests	Additional Information	Comments

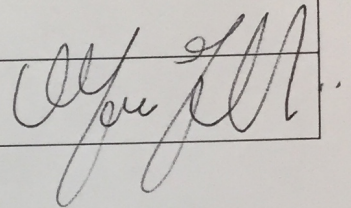
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Date: 23/12/2020

Handwritten Signature:



## Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	Nuria M. Novoa Valentin
Institution	University Hospital of Salamanca
Research area	Thoracic Surgery
Contact address	Paseo de San Vicente 58-182, 37007 Sa
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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

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Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments



Intellectual Conflicts of Interests	Additional Information	Comments

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Date:

Handwritten Signature:

**NOVOA**

**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.

**1. Disclosure of Confidential Information.** 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: Benedetta Bedetti

Title: MD

Contact Telephone: +49 (0) 176-76760766

Contact E-mail: benedetta.bedetti@gmail.com

Date: 12 01 21

**Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project**

**Introduction**

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	BENEDETA ZEDATTI
Institution	HELIOS KLINIKUM BONN / RHEINFIEG
Research area	THORACIC SURGERY
Contact address	VON-HOMPESCH-STR. 1, 53123 BONN
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



<b>3. Relevant Financial and Non-Monetary Activities</b>						
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.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>4. Intellectual Property: Patents, trademarks, and copyrights</b>						
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
4c Proprietary know-how in a substance, technology, or process.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>5. Intellectual Conflicts of Interests</b>						
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.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>6. Relationships Not Covered Above</b>						
Do you have any additional information to disclose that is not covered in the items above?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>7. Explanation</b>						
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.						
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Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts of Interests	Additional Information	Comments

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Date: 12.01.21

Handwritten Signature: *Benedetta Bedetti*

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

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

3a Financial support, including grants, sponsorships, personal fees, and other funding. Yes    No

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**4. Intellectual Property: Patents, trademarks, and copyrights**

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**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**

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Date:

04/01/2021

Handwritten Signature:



**Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project**

**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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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	Steven N. Hochwald
Institution	Roswell Park Comprehensive Cancer Center
Research area	Surgical Oncology
Contact address	Elm and Carlton Streets, Buffalo, NY 14263
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



<b>3. Relevant Financial and Non-Monetary Activities</b>						
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.						
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.						
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>4. Intellectual Property: Patents, trademarks, and copyrights</b>						
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?						
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).						
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4c Proprietary know-how in a substance, technology, or process.						
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>5. Intellectual Conflicts of Interests</b>						
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.						
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>6. Relationships Not Covered Above</b>						
Do you have any additional information to disclose that is not covered in the items above?						
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>7. Explanation</b>						
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.						
Name of Institution/Company		Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments
Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

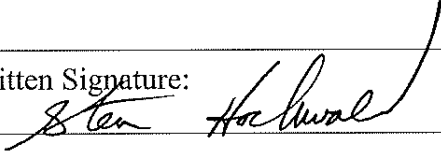
Intellectual Conflicts of Interests	Additional Information	Comments

**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 the period up to the publication of the final results or completion of the activity concerned.

Date: 12/30/20

Handwritten Signature: 

**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.

**1. Disclosure of Confidential Information.** 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: Steven Hochwald  
Title: Professor of Oncology, Chief of GI/Endocrine Surgery  
Contact Telephone: 716 845 5714  
Contact E-mail: Steven.hochwald@roswellpark.org  
Date: 12/30/20



**Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project**

**Introduction**

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

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

<b>3. Relevant Financial and Non-Monetary Activities</b>						
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?					No	
3a Financial support, including grants, sponsorships, personal fees, and other funding.					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>4. Intellectual Property: Patents, trademarks, and copyrights</b>						
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4c Proprietary know-how in a substance, technology, or process.					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>5. Intellectual Conflicts of Interests</b>						
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.					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>6. Relationships Not Covered Above</b>						
Do you have any additional information to disclose that is not covered in the items above?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>7. Explanation</b>						
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.						
Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments	
Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts of Interests	Additional Information	Comments

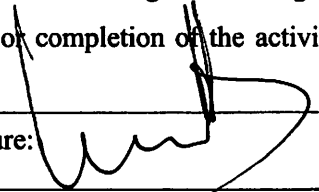
**8. Disclosure Statement**

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Date:  
January 8th 2021

Handwritten Signature:



TONI LERUT



**Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project**

**Introduction**

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
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, Hong Kong SAR, China.
<b>2. Employment and Consulting</b>	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	Medela
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>3. Relevant Financial and Non-Monetary Activities</b>	

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? Medtronic  
Medela

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

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**6. Relationships Not Covered Above**

Do you have any additional information to disclose that is not covered in the items above?  Yes  No

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Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments
Medtronic Medela			Speaker's honoraria (Me		

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts of Interests	Additional Information	Comments

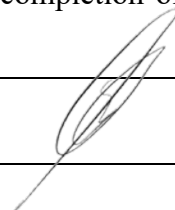
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Handwritten Signature:



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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

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

3a Financial support, including grants, sponsorships, personal fees, and other funding. Yes    No

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Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts of Interests	Additional Information	Comments

**8. Disclosure Statement**

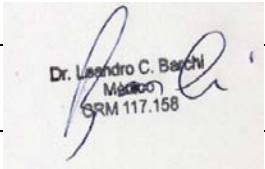
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Date:

25 OF JANUARY, 2021

Handwritten Signature:



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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

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

**3. Relevant Financial and Non-Monetary Activities**

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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

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**5. Intellectual Conflicts of Interests**

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**6. Relationships Not Covered Above**

Do you have any additional information to disclose that is not covered in the items above?  Yes     No

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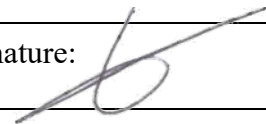
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Date:

19 Jan 2021

Handwritten Signature:



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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	Ryuichi Waseda
Institution	Fukuoka University
Research area	Thoracic Surgery, Lung Transplant
Contact address	wryuichi0119@fukuoka-u.ac.jp
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>3. Relevant Financial and Non-Monetary Activities</b>						
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3a Financial support, including grants, sponsorships, personal fees, and other funding.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
4c Proprietary know-how in a substance, technology, or process.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
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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.						
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Date:

20th Jan. 2021

Handwritten Signature:

*R. Waseda*



## CONFIDENTIALITY AGREEMENT

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**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

Date: Jan. 20th. 2021

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	SEYFI ALPER TOKER
Institution	West Virginia University
Research area	Robotic Surgery
Contact address	
<b>2. Employment and Consulting</b>	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	No
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>3. Relevant Financial and Non-Monetary Activities</b>						
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.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>4. Intellectual Property: Patents, trademarks, and copyrights</b>						
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
4c Proprietary know-how in a substance, technology, or process.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>5. Intellectual Conflicts of Interests</b>						
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.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>6. Relationships Not Covered Above</b>						
Do you have any additional information to disclose that is not covered in the items above?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>7. Explanation</b>						
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.						
Name of Institution/Company		Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments
Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

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 the period up to the publication of the final results or completion of the activity concerned.

Date: Jan 16th, 2021

Handwritten Signature: 

## Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

### Introduction

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	Diego Gonzalez Rivas
Institution	Coruna University Hospital
Research area	Thoracic surgery
Contact address	
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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  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 details below; otherwise, please go to item 8.

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

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts of Interests	Additional Information	Comments
<b>8. Disclosure Statement</b>		
<p>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.</p>		
<p>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.</p>		
Date: 24 January 2021	Handwritten Signature: 	

## Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

### 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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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>		
Full name	Robert Fruscio	
Institution	University of Milan-Bicocca	
Research area	Gynecology	
Contact address	robert.fruscio@unimib.it	
<b>2. Employment and Consulting</b>		
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.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



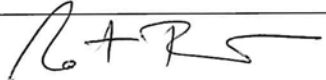
Intellectual Conflicts of Interests	Additional Information	Comments

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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: January 7<sup>th</sup>, 2021

Handwritten Signature: 



## 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.

**1. Disclosure of Confidential Information.** 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: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

*Marco Scarpi*

MD, FRCR(ENG), FACS, FCCP, FERTS

+39 3159 364819

MARCO.SCARPI@MAC.COM

8/1/2021

## Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

### Introduction

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	MARCO SCARPI
Institution	S. GERARDO HOSPITAL
Research area	THORAPIC SURG.
Contact address	VIA FERGOLES 33 20900 MONZA ITALY
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



Intellectual Conflicts of Interests	Additional Information	Comments

**8. Disclosure Statement**

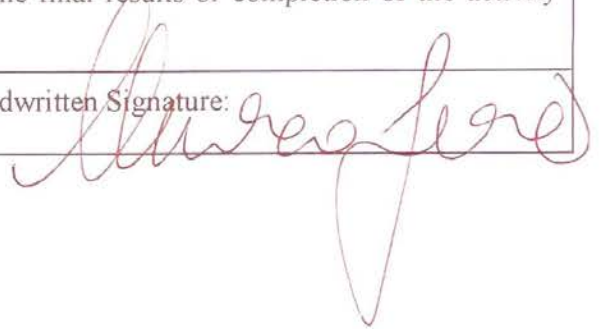
By completing and signing this form, you consent to the disclosure of any relevant potential conflicts of interests to other participants and in the resulting report or work product.

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 the period up to the publication of the final results or completion of the activity concerned.

Date:

8/1/2020

Handwritten Signature:





## Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	FABIO DAVOLI
Institution	AUSL ROMAGNA
Research area	THORACIC SURGERY
Contact address	RAVENNA, VIALE RANDI 5, ITALY
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



<b>3. Relevant Financial and Non-Monetary Activities</b>																
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?		NO, I DID NOT.														
3a Financial support, including grants, sponsorships, personal fees, and other funding.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
<b>4. Intellectual Property: Patents, trademarks, and copyrights</b>																
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
4c Proprietary know-how in a substance, technology, or process.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
<b>5. Intellectual Conflicts of Interests</b>																
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.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
<b>6. Relationships Not Covered Above</b>																
Do you have any additional information to disclose that is not covered in the items above?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
<b>7. Explanation</b>																
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.																
<table border="1"> <thead> <tr> <th>Name of Institution/Company</th> <th>Grant (Purpose and amount)</th> <th>Sponsorships (Purpose and amount)</th> <th>Personal Fees (Purpose and amount)</th> <th>Non-monetary support</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments								
Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments											
<table border="1"> <thead> <tr> <th>Patent</th> <th>Pending</th> <th>Issued</th> <th>Licensed</th> <th>Royalties</th> <th>Licensee</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>1415708</td> <td></td> <td></td> <td>29/04/2015</td> <td></td> <td></td> <td>ITALIAN PATENT APPLICATION "TO2013A000038"</td> </tr> </tbody> </table>			Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments	1415708			29/04/2015			ITALIAN PATENT APPLICATION "TO2013A000038"
Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments										
1415708			29/04/2015			ITALIAN PATENT APPLICATION "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 participation in SUPER project.

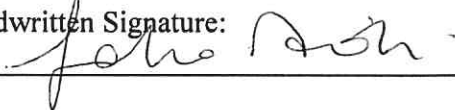
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Date:  
18 JANUARY 2021

Handwritten Signature: 

## Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	Piessen
Institution	CHU Lille
Research area	oncological surgery
Contact address	<b>Department of Digestive</b>
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**3. Relevant Financial and Non-Monetary Activities**

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**4. Intellectual Property: Patents, trademarks, and copyrights**

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**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 details below; otherwise, please go to item 8.

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

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Date:

03/02/2021

Handwritten Signature:

*Gpiessen*



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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	Bin Qiu
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
<b>2. Employment and Consulting</b>	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	NO
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>3. Relevant Financial and Non-Monetary Activities</b>	

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4c Proprietary know-how in a substance, technology, or process.  Yes  No

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**6. Relationships Not Covered Above**

Do you have any additional information to disclose that is not covered in the items above?  Yes  No

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NO	NO	NO	NO	NO	NO

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

Intellectual Conflicts of Interests	Additional Information	Comments
NO	NO	NO

**8. Disclosure Statement**

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Date: 2021-02-25

Handwritten Signature: *Quin Bin*

## ICMJE DISCLOSURE FORM

Date: June 18<sup>th</sup>, 2021

Your Name: Stephen D Wang

Manuscript Title: Evidence on reporting guidelines for surgical technique in clinical disciplines: a scoping review protocol

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	None	

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

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.**



## Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

### 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.

Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
Full name	Yaolong Chen
Institution	Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou University
Research area	Evidence-based Medicine; Guideline; Reporting guideline
Contact address	No. 199, Donggang West Road, Chengguan District, Lanzhou
<b>2. Employment and Consulting</b>	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>3. Relevant Financial and Non-Monetary Activities</b>	

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.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>4. Intellectual Property: Patents, trademarks, and copyrights</b>					
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4c Proprietary know-how in a substance, technology, or process.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>5. Intellectual Conflicts of Interests</b>					
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.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>6. Relationships Not Covered Above</b>					
Do you have any additional information to disclose that is not covered in the items above?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>7. Explanation</b>					
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.					
Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments



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.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>4. Intellectual Property: Patents, trademarks, and copyrights</b>					
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4c Proprietary know-how in a substance, technology, or process.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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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.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>6. Relationships Not Covered Above</b>					
Do you have any additional information to disclose that is not covered in the items above?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>7. Explanation</b>					
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.					
Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

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 the period up to the publication of the final results or completion of the activity concerned.

Date:

11/17/2020

Handwritten Signature:

*Tao Long Chen*

## Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

### Introduction

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

<b>1. Identification Information</b>	
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
<b>2. Employment and Consulting</b>	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	NO
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>3. Relevant Financial and Non-Monetary Activities</b>	

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? NO

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  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 details below; otherwise, please go to item 8.

Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments
NO	NO	NO	NO	NO	NO



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

Intellectual Conflicts of Interests	Additional Information	Comments
NO	NO	NO

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Date:

2021-02-25

Handwritten Signature:

