#### ICMJE DISCLOSURE FORM

Date: <u>July 5<sup>th</sup>, 202</u> 2	<u> </u>						
Your Name: Kaipir	g Zhang						
Manuscript Title: _	Developing th	e Surgical techniqUe	rePorting ch	Ecklist and st	andaRds (S	UPER): a stud	dy protoco
Manuscript numbe	r (if known):	GS-21-312					

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

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

### 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.

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2a Employment.			
2b Consulting, including service as a technical, professional, or other advisor.			
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Within the past 3 years,						
commercial or other org	ganization with	interest related t	to the SUPER pro	oject?		
3a Financial support, i funding.	ncluding grant	s, sponsorships,	personal fees, a	and other	□Yes	No.
3b Non-monetary supp	ort value, inclu	dina collaborati	one aquinment	facilities	□Yes	[DNo
research assistants, paid			ons, equipment,	racinties,	Lies	LANO
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4. Intellectual Propert		14-5-1-10-0-10-0-1			□Yes	□No
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b Patents, trademarks,			ations, surgical in	strument	□Yes	ΣΝο
oatents, etc.).			14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16			
c Proprietary know-ho	ow in a substan	ce, technology, o	or process.		□Yes	No
5. Intellectual Conflic						103.
Competing or other int	ellectual intere	sts (including the	ose of an academ	ic nature,	□Yes	. I⊠xo
e.g., a surgical technic		N34		3.5		
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6. Relationships Not (	Covered Above	е				
Do you have any add	itional informa	tion to disclose	that is not cove	red in the	□Ye	s QNo
items above?						
7. Explanation						
If you have answered "	Yes" to any of t	he questions abo	ve, please give th	ne relevant	details	below; other
please go to item 8.			116 8.76			
Name of	Grant	Sponsorships	Personal Fees	Non-mon	etary	Comments
Institution/Company	(Purpose	(Purpose and	(Purpose and	support		
	and amount)	amount)	amount)	15/52		
ı						

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments	
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	Patent	Patent Pending	Patent Pending Issued	Patent Pending Issued Licensed	Patent Pending Issued Licensed Royalties	Patent Pending Issued Licensed Royalties Licensee	Patent Pending Issued Licensed Royalties Licensee Comments

Intellectual Conflicts of Interests	Additional Information	Comments

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Date: 2020-11-17 Handwritten Signature: Youtong Ma

#### Introduction

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1. Identification Information					
Full name	Qianling Shi				
Institution	Lanzhou University				
Research area	Evidence-based Medicine	Evidence-based Medicine			
Contact address	No. 199, Donggang West Road, Chengguan District,	No. 199, Donggang West Road, Chengguan Dishict, Larghou			
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.		□Yes	■No		
3. Relevant Financial and Non-M	and the second of the second o				

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Within the past 3 year commercial or other o			The state of the s	ACCORDING TO SERVICE STATES		
3a Financial support, funding.	and other	□Ye	s <b>E</b> No			
3b Non-monetary sup research assistants, pa	, facilities,	□Ye	s <b>■</b> No			
4. Intellectual Proper	ty: Patents, tr	ademarks, and	copyrights			
4a Do you have any diminished by the oute			hat might be en	hanced or	□Ye	s ■No
4b Patents, trademarks patents, etc.).	s, or copyrights	(pending applic	cations, surgical	instrument	□Ye	s ■No
4c Proprietary know-h	ow in a substar	ice, technology,	or process.		□Ye	s ■No
5. Intellectual Conflic	cts of Interests					
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6. Relationships Not	Covered Abov	e				
Do you have any add items above?	itional informa	tion to disclose	that is not cove	ered in the	□Ye	s ■No
7. Explanation						
If you have answered " please go to item 8.	Yes" to any of t	he questions abo	ove, please give t	he relevant o	letails	below; others
Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-mone support	tary	Comments

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments
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8. Disclo	sure Staten	ent				
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Date:				Ha	ındwritten S	ignature: Qian liso Chi.

11/15/2020

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1. Identification Information			
Full name	Jinlin Wu Guengolong provincial pe	-, :	, , ,
Institution	Guangolong provincial pe	eoples,	hospital
Research area	cardiac surgery	1	
Contact address	106 second Rd, Zhong	shan	
2. Employment and Consulting			
Within the past 3 years, have you received re or other organization with an interest related	NAMES OF THE PROPERTY OF THE P		
2a Employment.	□Yes	DNo	
2b Consulting, including service as a techni	□Yes	19No	
3. Relevant Financial and Non-Monetary	Activities		

Within the past 3 year commercial or other o				0		
3a Financial support, funding.	including gran	ts, sponsorships	, personal fees,	and other	□Yes	⊠No
3b Non-monetary suppresearch assistants, par			ions, equipment,	facilities,	□Yes	ĎNo.
4. Intellectual Proper			copyrights			
4a Do you have any diminished by the outc			at might be enl	nanced or	□Yes	
4b Patents, trademarks patents, etc.).	s, or copyrights	(pending applic	ations, surgical i	nstrument	□Yes	ĽNo.
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7. Explanation						
If you have answered " please go to item 8.	Yes" to any of t	he questions abo	ve, please give th	ne relevant	details	below; other
Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	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:

tec NOV 13, 2020

Handwritten Signature: Julin Ull

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1. Identification Information	
Full name	Jianfei Shen
Institution	Taishou Huspital of Zhejiang province
Research area	Lung Outlier.
Contact address	No 150 ximen street. Linhou 317000. Zhojan
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- 1 - d of 2 warre have you receive	ved remuneration from a commercial entity
or other organization with an interest r	Yes No
2a Employment.  2b Consulting, including service as a t	echnical, professional, or
2. Relevant Financial and Non-Mon	etary Activities

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patents, etc.).		denging applic	ations, surgical i	instrument	LiYes	DNo.
4b Patents, trademarks	or copyrights	(pending and)				
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4. Intellectual Proper	ty: Patents, tr	ademarks, and	copyrights			
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Date: 11-18-2020

Handwritten Signature: jurger shen

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1. Identification Information			
Full name	Yulong He		
Institution	LanZhou University		
Research area	General Surgery		
Contact address	No.199,Donggang West Road,Chengguan District,Land	zhou	
2. Employment and Consulting			
	red remuneration from a commercial entity		
or other organization with an interest related to the SUPER project?  2a Employment.			■No
2b Consulting, including service as a technical, professional, or other advisor.			■No
3. Relevant Financial and Non-Mon	etary Activities		

Within the past 3 year						
3a Financial support			The second name of the second	ALCOHOLD .	□Yes	■No
funding.						
3b Non-monetary sup	port value, incl	uding collaborati	ons, equipment,	facilities,	□Yes	■No
research assistants, pa	id travel to mee	tings, etc.				
4. Intellectual Prope	rty: Patents, tr	ademarks, and	copyrights			
4a Do you have any	intellectual p	roperty rights th	at might be enh	anced or	□Yes	
diminished by the out	come of the SU	PER project?				
4b Patents, trademark	s, or copyrights	(pending application)	ations, surgical in	strument	□Yes	■No
patents, etc.).						
4c Proprietary know-h	ow in a substar	nce, technology,	or process.		□Yes	■No
5. Intellectual Confli	cts of Interests					
Competing or other in	tellectual intere	sts (including the	ose of an academ	ic nature,	□Yes	■No
e.g., a surgical techni	ique invention	or the name of	a surgical techn	ique was		
associated with you) to	hat could poten	tially affect your	objectivity with	respect to		
the objective of the SU	PER project an	d the data that ma	ay inform the dev	elopment		
of essential reporting i	tems.					
6. Relationships Not	Covered Abov	0.				
Do you have any add	itional informa	tion to disclose	that is not cove	red 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	details	below; otherwise
please go to item 8.	n Vi en Se					
Name of	Grant	Sponsorships	Personal Fees	Non-mon	etary	Comments
Institution/Company	(Purpose	(Purpose and	(Purpose and	support	- 8	
	and amount)	amount)	amount)			

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

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Date:	Handwritten Signature: Yulone	He
11/15/2020		

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1. Identification Information			
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	
2. Employment and Consulting			
Within the past 3 years, have you received or other organization with an interest to	ved remuneration from a commercial entity related to the SUPER project?		
2a Employment.		□Yes	■No
2b Consulting, including service as a t	□Yes	■No	
3. Relevant Financial and Non-Mon	etary Activities		

Within the past 3 years commercial or other or						
3a Financial support, funding.	including gran	ts, sponsorships	, personal fees,	and other	□Ye	s ■No
3b Non-monetary suppresearch assistants, paid			ions, equipment	, facilities,	□Ye	s ■No
4. Intellectual Proper	ty: Patents, tra	ademarks, and	copyrights			
4a Do you have any diminished by the outc			nat might be en	hanced or	□Ye	s <b>I</b> No
4b Patents, trademarks patents, etc.).	, or copyrights	(pending applic	ations, surgical	instrument	□Ye	s <b>=</b> No
4c Proprietary know-ho	ow in a substan	ice, technology,	or process.		□Ye	s <b>■</b> No
5. Intellectual Conflic	ts of Interests					
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Do you have any additions above?	itional informa	tion to disclose	that is not cove	ered in the	□Ye	s ■No
7. Explanation						
If you have answered " please go to item 8.	Yes" to any of t	he questions abo	ve, please give the	he relevant o	letails	below; other
Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-mone support	tary	Comments

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

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Date: Handwritten Signature: Xionzhuo Zhang

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

Within the past 3 year commercial or other							
3a Financial support funding.		□Yes	■No				
3b Non-monetary sup research assistants, pa			tions, equipment,	facilities,	□Yes	■No	
4. Intellectual Prope	rty: Patents, tr	ademarks, and	copyrights				
4a Do you have any diminished by the out			nat might be enl	hanced or	□Yes	■No	
4b Patents, trademark patents, etc.).	s, or copyrights	s (pending applic	ations, surgical i	nstrument	□Yes	■No	
4c Proprietary know-l	now in a substa	nce, technology,	or process.		□Yes	■No	
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7. Explanation		NO THE	77-1-	ENTOY O		12:00	
f you have answered " blease go to item 8.	Yes" to any of t	he questions abo	ve, please give th	ne relevant	details	below; otherw	
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Intellectual Conflicts of Interests	Additional Information	Cor	nments		
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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.

8. Disclosure Statement

Handwritten Signature:

Panpan Jiao

#### ICMJE DISCLOSURE FORM

Date:July 5 <sup>th</sup> , 2021
Your Name:Grace S. Li
Manuscript Title:Developing the Surgical technique reporting checklist and standaRs (SUPER): a study protocol
Manuscript number (if known): GS-21-312

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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

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

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

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Company for attackding	Nana	
/	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		
12		ANAE Dublishing Comment	Consecutive the staff of ANAE Dublishing Consequently
13	Other financial or non- financial interests	AME Publishing Company	Grace S. Li is the staff of AME Publishing Company (the 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.

#### Introduction

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1. Identification Information			
Full name	Xueqin Tang		
Institution	AME Publishing Company		
Research area	Publihing and editing		
Contact address	Jinhui Buidling, Jiefang South Road No. 123, Yuexiu D	District, Guangzh	ou, Guangdong, China
2. Employment and Consulting			
Within the past 3 years, have you received remu			
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 Ac			

Within the past 3 years						
commercial or other or			<u> </u>			s VNo
3a Financial support,	including gran	its, sponsorsnips	s, personal lees,	and other	□Ye	S <u>⊮</u> INO
funding.	ant value in al	u dima aallah amat	iona ogvinnont	facilities	□Ye	s •No
3b Non-monetary supp	•	· ·	ions, equipment	, lacillues,	16	is INO
research assistants, pai			aanvuiahta			
4. Intellectual Proper  4a Do you have any	<u>•                                      </u>	<u> </u>		hanaad ar	□Ye	s •No
diminished by the outc	•	1 , 0	iat illigiit de en	maniced of	1¢	.s <u>=</u> 110
-	□Ye	s •No				
4b Patents, trademarks patents, etc.).	1¢	.s <u>=</u> 110				
4c Proprietary know-ho	□Ye	s •No				
5. Intellectual Conflic						
Competing or other int	□Ye	s •No				
e.g., a surgical technic	1¢	.s <u>=</u> 110				
associated with you) th						
the objective of the SU						
of essential reporting it						
6. Relationships Not (						
Do you have any addi			that is not cove	ered in the	□Ye	s •No
items above?	tional informa	tion to disclose	that is not cove	area in the		<u> </u>
7. Explanation						
If you have answered "	Yes" to any of t	he questions abo	ve nlease give t	he relevant o	letails	helow: otherwise
please go to item 8.	ies to any or t	ne questions doc	ve, preuse grve u	no referant	icians	ociow, other wise,
Name of	Grant	Sponsorships	Personal Fees	Non-mone	etarv	Comments
Institution/Company	(Purpose	(Purpose and	(Purpose and	support	,	
	and amount)	amount)	amount)			

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts	Additional	Comments
of Interests	Information	

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Date:	Handwritten Signature:	\/ .	7
2020-11-18		Xuegin	lang

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1. Identification Information	
Full name	René Horsleben Petersen
Institution	Department of Cardiothora
Research area	VATS lobectomy, segmentactomy, thyrac
Contact address	Inge Lehmanns 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	Financia	and Nor	-Moi	netary	Activitie	s				
Within the p	ast 3 year	s, have y	ou or	your re	search u	nit r	eceived supp	ort from a		
commercial	or other o	rganizatio	n wit	h intere	st related	to t	the SUPER	project?		
3a Financial	support,	including	gran	ts, spo	nsorships	s, po	ersonal fees,	and other	□Y	es •No
funding.	-10				100					
3b Non-mor	netary sup	port value	, incl	uding o	ollaborat	ions	s, equipment	, facilities,	□Ye	es •No
research assi	istants, pa	id travel t	o mee	tings, e	tc.		-01.00.000			
4. Intellectu	al Proper	ty: Pater	ts, tr	adem a	rks, and	cop	yrights			
4a Do you	have any	intellect	ual pr	operty	rights th	nat i	might be en	hanced or	□Ye	es •No
diminished b	y the out	come of the	ne SU	PER pr	oject?					
4b Patents, t	rademarks	s, or copy	rights	(pendi	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. Intellectu	al Conflic	ets of Inte	rests							
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 r	reporting i	tems.								
6. Relations	hips Not	Covered .	Abov	e						
Do you have	e any add	itional in	forma	tion to	disclose	that	t is not cove	ered in the	□Yes ■No	
items above	?									
7. Explanati	ion									
If you have a	nswered "	Yes" to ar	y of t	he ques	tions abo	ve,	please give th	he relevant o	letails	below; otherwise,
please go to	item 8.									
Name of		Grant		Spons	orships	Pe	rsonal Fees	Non-mone	tary	Comments
Institution/0	Company	(Purpos	e	(Purpe	ose and	(Pt	urpose and	support		7-2560-VIII, 0.03 CY
		and amo	ount)	amou	nt)	am	ount)			
Patent Pe	ending	Issued	Lice	ensed	Royalti	es	Licensee	Comments		
							-			

Intellectual Conflicts of Interests	Additional Information	Comments	
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Date: Leuch 23rd 2020

Handwritten Signature: Lewis H. Wheren

#### 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	and the last of the
Full name	Ng Sze Hang Celvin
Institution	The Chinese University of Hong Kong
Research area	Thoracic Surgery , Lung Cancer
Contact address	Department of Surgery, Prince of Wisles
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

	ant rinanciai	and Non	-Mon	etary /	Activities	5	serenti la	Hallan Lie	-	(100)
	e past 3 years									
3a Finan	cial support,	including	gran	ts, spor	nsorships	, pers	onal fees,	and other	□Ye	es •No
	monetary supp assistants, pai			-		ions,	equipment	facilities,	□Ye	is •No
4. Intell	ectual Proper	ty: Paten	ts, tr	ademai	rks, and	copyr	ights			
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?						□Ye	es INo			
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).							□Ye	s •No		
4e Proprietary know-how in a substance, technology, or process.						□Ye	s ■No			
5. Intell	ectual Conflic	ts of Inte	rests		Milhori	mil	974 1117	in high		
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	ionships Not	100000000000000000000000000000000000000	Abov	e	om, juli-	el Jan	il-690m		(c	1400
Do you items ab	have any add	itional in	forma	tion to	disclose	that i	s not cove	red in the	□Ye	s ■No
7. Expla	nation							and the	villa)	
		Yes" to a	y of t	he ques	tions abo	we, pl	ease give th	ne relevant o	details	below; otherw
Please go to item 8.  Name of Grant Institution/Company (Purpose			e				Non-mone support	etary	Comments	

Intellectual Conflicts of Interests	Additional Information	Comments
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Date:

28th December 2020

Handwritten Signature:

#### Introduction

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1. Identification Information			
Full name			
Institution			
Research area			
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. 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		□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 details			elow; otherwise,
please go to item 8.			
Name of Grant Sponsorships Personal Fe	es Non-mone	tary	Comments
Institution/Company (Purpose and (Purpose and Purpose	nd support		
and amount) amount) amount)			
Patent Pending Issued Licensed Royalties Licensed	es Licensee Comments		

Intellectual Conflicts	Additional	Comments
of Interests	Information	

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1. Identification Information			
Full name			
Institution			
Research area			
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. Relevant Financial and Non-Monetary Activities									
Within the past 3 year	ort from a								
commercial or other of	rganizatio	n with int	eres	t related	to tl	ne SUPER p	project?		
3a Financial support,	including	grants, s	spon	sorships	, pe	rsonal fees,	and other	□Ye	es 🗆 No
funding.									
3b Non-monetary sup	, facilities,	□Ye	s						
research assistants, pa	id travel to	meetings	s, etc	c.					
4. Intellectual Prope	rty: Paten	ts, trader	narl	ks, and	copy	rights			
4a Do you have any	intellectu	ıal propei	rty 1	rights th	nat n	night be en	hanced or	□Ye	es $\square$ No
diminished by the out	come of th	e SUPER	pro	ject?					
4b Patents, trademark	s, or copyr	rights (per	ndin	g applic	ation	ns, surgical	instrument	□Ye	s $\square$ No
patents, etc.).									
4c Proprietary know-l	now in a su	ıbstance, 1	techi	nology,	or pı	ocess.		□Ye	s $\square$ No
5. Intellectual Confli	cts of Inte	rests							
Competing or other in	tellectual i	interests (	inch	uding th	ose	of an acader	nic nature,	□Ye	es 🗆 No
e.g., a surgical techn	ique inven	ition or t	he n	name of	a s	urgical tech	nique was		
associated with you) t	hat could p	otentially	y aff	ect your	obje	ectivity with	respect to		
the objective of the SU	JPER proje	ect and the	e dat	a that m	ay ir	form the de	velopment		
of essential reporting	items.								
6. Relationships Not	Covered A	Above							
Do you have any add	litional inf	ormation	to o	disclose	that	is not cove	ered in the	□Ye	s $\square$ No
items above?									
7. Explanation									
If you have answered	'Yes" to an	y of the q	uest	ions abo	ve, p	olease give the	he relevant o	details	below; otherwise,
please go to item 8.									
Name of	Grant	Spo	onso	orships	Per	rsonal Fees	Non-mone	etary	Comments
Institution/Company	(Purpose	e (Pu	ırpos	se and	(Pu	rpose and	support		
	and amount) amount) amount)								
Patent Pending	Issued	License	d	Royalti	ies	Licensee	Comments	\	

Intellectual Conflicts	Additional	Comments
of Interests	Information	

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Date:	Handwritten Signature:	CAV.		/.
		Alle	da	1_

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	5 5 6 6 7 5 5 6 9 6 9 6 9 6 9 6 9 6 9 6 9 6 9 6 9	
1. Identification Information		
$\Gamma_{-1}$		o FIOREUI
Institution	CHAMPAN	14 VANVITELLI MHP
	THOR	HER GULLA
Contact address	83100,	MAPLES, 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?		
	Yes	No
2a Employment.  2b Consulting, including service as a technical, professional, or other advisor.	Yes	No
7b Consulting, including solvice as		

3. Relevant Financial a	nd Non-l	Moneta	ary A	ctivities							
Within the past 3 years, have you or your research unit received support from a											
commercial or other org	anization	with in	iterest	related	to th	e SUPER p	roject?				
3a Financial support, in	ncluding	grants,	spons	sorships,	per	sonal fees,	and other	□Ye	s DNo		
funding.											
3b Non-monetary suppo	ort value,	includi	ing co	llaborati	ons,	equipment,	facilities,	□Ye	s XNo		
research assistants, paid	research assistants, paid travel to meetings, etc.										
4. Intellectual Property											
4a Do you have any intellectual property rights that might be enhanced or									s No		
diminished by the outcome of the SUPER project?											
4b Patents, trademarks, or copyrights (pending applications, surgical instrument									s \sum No		
patents, etc.).											
4c Proprietary know-how in a substance, technology, or process.									s \( \times \) No		
5. Intellectual Conflicts of Interests											
Competing or other intellectual interests (including those of an academic nature,									s \No		
e.g., a surgical technic	que invent	tion or	the n	ame of	a su	irgical techi	nique was				
associated with you) the	at could p	otential	lly affe	ect your	obje	ectivity with	respect to				
the objective of the SUI	PER proje	ct and t	the dat	a that ma	ay in	form the dev	velopment				
of essential reporting it	ems.						•				
6. Relationships Not C	Covered A	bove					8				
Do you have any addi	tional info	ormatio	on to c	disclose	that	is not cove	red in the	☐ Ye	s No		
items above?											
7. Explanation											
If you have answered "	Yes" to an	y of the	quest	ions abo	ve, p	lease give th	ne relevant o	details	below; otherwise,		
please go to item 8.											
Name of	Grant		•			sonal Fees		etary	Comments		
Institution/Company	(Purpose		Purpos	se and	(Pu	rpose and	support				
	and amount) amount) amount)										
Patent Pending	Issued	Licen	sed	Royalti	es	Licensee	Comments	3			
PCT TTZOIS TES	133404	NO		NO		NO	NO				
000009											

Intellectual Conflicts	Additional	Comments
of Interests	Information	

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Date: 73/17/2020

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.

- <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	: Bonedth Bedeth	V
Title:	MD	
Contact Telephone:	+49 (0) 176-74760766	
Contact E-mail:	Denedetto. bedett @ gnail. con	1
Date:	01.21	A.

## Introduction

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1. Identification Information	
Full name BENEDETA BEATT	V.
Institution HELIOS KUNIKUM ZOWN RHEIN FIEL	2
Research area THORACC SURGERY	
Contact address JON_HOWPESCH-STR.1 53123 BON	
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 an	d Non-Mo	neta	ry Activ	ities						
Within the p	Within the past 3 years, have you or your research unit received support from a										
commercial	or other organ	nization wi	th in	terest re	ated to	he S	UPER proje	ect?			
3a Financial	support, inc	luding gra	nts,	sponsors	ships, pe	erson	al fees, and	d other	□Yes	ΔNo	
funding.											
3b Non-mon	etary support	value, inc	ludi	ng collai	boration	s, eq	uipment, fa	cilities,	□Yes	No	
research assi	esearch assistants, paid travel to meetings, etc.										
4. Intellectu	. Intellectual Property: Patents, trademarks, and copyrights										
la Do you have any intellectual property rights that might be enhanced or									□Yes	ΣίΝο	
diminished b	by the outcom	ne of the S	UPE	R projec	t?					55	
4b Patents, t	rademarks, o	r copyrigh	ts (p	ending a	pplicati	ons,	surgical ins	strument	□Yes	⊠No	
patents, etc.					ï	1					
4c Proprietary know-how in a substance, technology, or process.									□Yes	No	
5. Intellectual Conflicts of Interests										y No	
	or other intel			s (includ	ing thos	e of	an academi	o notive	□Vaa	<del>\</del> \	
	ical techniqu									No	
	with you) that										
	e of the SUP		and	the data	that may	y info	orm the dev	elopment			
	reporting ite										
	ships Not C										
Do you ha	ve any addit	ional info	rmati	ion to di	isclose t	hat i	s not cover	red in the	□Yes	No	
items abov	e?										
7. Explana	ation							V			
If you have	e answered "	Yes" to any	of th	ne questi	ons abov	ve, pl	ease give th	e relevant	details	below; otherwise,	
please go	to item 8.		- 11			, ,	)	lototovant	uctails	ociow; otnerwise,	
Name of		Grant		Sponso	rships	Pers	sonal Fees	Non-mor	etarv	Comments	
Institutio	n/Company	(Purpose		(Purpos	se and		rpose and			Comments	
		and amou	int)	amount			ount)	Support			
			,		,						
\	1					L					
Patent	Pending	Issued	Lic	ensed	Royalt	ies	Licensee	Commen	ts		
L)					L						

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:	12 0	. ^.
1	100,U	1.21

Handwritten Signature;

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1. Identification Information	
Full name Steven N. Hochwald	
Institution Rosnell Park Comprehensive Cancer Center  Research area Surgical Oncodosy  Contact address Flm and Carton Streets, Buffalo, NY14263	
Research area Surgical Oncodosy	
Contact address Elm and Carton 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.	□Yes INo
2b Consulting, including service as a technical, professional, or other advisor.	□Yes No

3. Releva	nt Financial	and Non-	Mon	etary A	ctivities					
Within the	e past 3 years	, have you	ı or y	our rese	earch un	it rec	eived suppo	ort from a		
commerci	al or other or	ganization	with	interest	related	to th	e SUPER p	roject?		
3a Financ	ial support, i	ncluding	grant	s, spons	sorships,	per	sonal fees,	and other	□Yes	s /No
funding.										
3b Non-m	onetary supp	ort value,	inclu	ding co	llaborati	ons,	equipment,	facilities,	□Yes	s / 🗓 No
research assistants, paid travel to meetings, etc.										
4. Intelle	4. Intellectual Property: Patents, trademarks, and copyrights									
4a Do yo	ou have any	intellectua	al pro	operty 1	ights th	at m	ight be enl	nanced or	□ Yes	s 📉 No
diminishe	d by the outco	ome of the	SUF	ER pro	ject?					
4b Patent	s, trademarks	, or copyri	ghts	(pendin	g applic	ation	s, surgical i	nstrument	□Yes	s XNo
patents, etc.).										
4c Proprie	etary know-ho	ow in a sul	ostan	ce, tech	nology, o	or pro	ocess.		□Ye	s XNo
5. Intellectual Conflicts of Interests										
Competin	g or other int	ellectual ii	nteres	sts (incl	uding th	ose c	f an acaden	nic nature,	□Ye:	s No
e.g., a su	rgical technic	que invent	tion o	or the r	name of	a su	ırgical techi	nique was		_
associated	d with you) th	at could p	otent	ially aff	ect your	obje	ctivity with	respect to		
the object	ive of the SU	PER proje	ct and	d the dat	a that m	ay in	form the de	velopment		
of essenti	al reporting it	ems.								
6. Relatio	onships Not (	Covered A	bove	<del>)</del>						
Do you h	nave any addi	tional info	orma	tion to	disclose	that	is not cove	ered in the	□Yes XNo	
items abo	ve?									
7. Explai	nation									
If you hav	ve answered "	Yes" to an	y of tl	he quest	ions abo	ve, p	lease give tl	ne relevant o	letails	below; otherwise,
please go	to item 8.									
Name of	f	Grant		Sponso	orships	Per	sonal Fees	Non-mone	etary	Comments
Institution	on/Company	(Purpose	,	(Purpo	se and	(Pu	rpose and	support		
	aı		unt)	amoun	t)	am	ount)			
Patent	Pending	Issued	Lice	ensed	Royalt	ies	Licensee	Comments	8	

	Intellectual Conflicts	Additional	Comments
П	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.

					<i>L</i>
Date:	12/	30	26	Handwritten Signature:	Hochwal

#### 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>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:	Steve Herburl	
Title: <b>Rofess</b>	v of Encology, Chief of GI/Endoanne	
Contact Telephone:	716 845 5714	
Contact E-mail:	Steven hochwald & roswellpark org	
Date: $12\sqrt{3}$	0/20	

Intellectual Conflicts	Additional	Comments
of Interests	Information	

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Date:

Janury 8th 2021

Handwritten Signature:

TONI LERUT

3. Releva	nt Financial	and Non-	-Monetary	Activitie	5				
Within th	e past 3 years	ort from a	No						
commerc	ial or other or	rganizatio	n with intere	st related	to ti	ne SUPER p	roject?		
3a Finan	cial support,	including	grants, spo	nsorships	s, pe	rsonal fees,	and other	□Ye	s •No
funding.									
3b Non-r	nonetary supp	ort value,	including o	ollaborat	ions	, equipment	, facilities,	□Ye	es •No
research	assistants, pai	d travel to	meetings, e	tc.					
4. Intellectual Property: Patents, trademarks, and copyrights									
4a Do y	ou have any	intellectu	al property	rights th	nat n	night be en	hanced or	□Ye	es 🔳 No
diminish	ed by the outc	ome of th	e SUPER pr	oject?					
4b Patents, trademarks, or copyrights (pending applications, 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									
Competin	ng or other in	tellectual i	nterests (inc	luding th	ose	of an acader	nic nature,	□Ye	es <b>I</b> No
e.g., a su	ırgical techni	que inven	tion or the	name of	as	urgical tech	nique was		
associate	d with you) th	nat could p	otentially a	fect you	obje	ectivity with	respect to		
the objec	tive of the SU	PER proje	ect and the da	ata that m	ay ir	nform the de	velopment		
of essent	ial reporting i	tems.							
6. Relati	onships Not	Covered A	Above						
Do you	have any add	itional inf	ormation to	disclose	that	is not cove	ered in the	□Yes ■No	
items abo	ove?								
7. Expla	nation								
If you ha	ve answered "	Yes" to an	y of the ques	stions abo	ve, p	olease give t	he relevant o	letails	below; otherwise
please go	to item 8.	<b></b>							
Name o	f	Grant	Spons	orships	Per	sonal Fees	Non-mone	etary	Comments
Instituti	on/Company	(Purpose	e (Purp	ose and	(Pı	rpose and	support		
		and amo	unt) amou	nt)	am	ount)			
	<b>-</b>					-			
Patent	Pending	Issued	Licensed	Royalt	ies	Licensee	Comments		

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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

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1. Identification Information			
Full name			
Institution			
Research area			
Contact address			
2. Employment and Consulting			
Within the past 3 years, have you received remu			
or other organization with an interest related to			
2a Employment.		□Yes	□No
2b Consulting, including service as a technical,	□Yes	□No	
3. Relevant Financial and Non-Monetary Ac			

Within the past 3 years		•	11			
commercial or other or			<u> </u>			
3a Financial support,	including gran	ts, sponsorships	s, personal fees,	and other	□Ye	s $\square$ No
funding.						
3b Non-monetary supp	ort value, incl	uding collaborat	ions, equipment	, facilities,	□Ye	s $\square$ No
research assistants, paid						
4. Intellectual Proper	ty: Patents, tr	ademarks, and	copyrights			
4a Do you have any	intellectual pr	operty rights th	nat might be en	hanced or	□Ye	s $\square$ No
diminished by the outc	ome of the SU	PER project?				
4b Patents, trademarks	, or copyrights	(pending applic	eations, surgical	instrument	□Ye	s $\square$ No
patents, etc.).						
4c Proprietary know-ho	ow in a substar	nce, technology,	or process.		□Ye	s $\square$ No
5. Intellectual Conflic	ts of Interests					
Competing or other int	ellectual intere	ests (including th	ose of an acader	nic nature,	□Yes □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 $\square$ No
items above?						
7. Explanation						
If you have answered "	Yes" to any of t	he questions abo	ve, please give th	he relevant o	details	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)			

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments
	l	<u> </u>				

Intellectual Conflicts	Additional	Comments
of Interests	Information	

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Date:	Handwritten Signature:	
		<i>(y)</i>

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Full name			
Institution			
Research area			
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. Relevant Financia	l and Non	-Monetai	ry A	ctivities	5				
Within the past 3 year									
commercial or other of									
3a Financial support,	□Ye	es 🗆 No							
funding.									
3b Non-monetary sup	, facilities,	□Ye	s						
research assistants, pa									
4. Intellectual Prope									
4a Do you have any	intellectu	ıal propei	rty 1	rights th	nat n	night be en	hanced or	□Ye	es $\square$ No
diminished by the out	come of th	e SUPER	pro	ject?					
4b Patents, trademark	s, or copyr	rights (per	ndin	g applic	ation	ns, surgical	instrument	□Ye	s $\square$ No
patents, etc.).									
4c Proprietary know-l	now in a su	ıbstance, 1	techi	nology,	or pı	ocess.		□Ye	s $\square$ No
5. Intellectual Conflicts of Interests									
Competing or other in	tellectual i	interests (	inch	uding th	ose	of an acader	nic nature,	□Ye	es 🗆 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 SU	JPER proje	ect and the	e dat	a that m	ay ir	form the de	velopment		
of essential reporting	items.								
6. Relationships Not	Covered A	Above							
Do you have any add	litional inf	ormation	to o	disclose	that	is not cove	ered in the	□Ye	s $\square$ No
items above?									
7. Explanation									
If you have answered	'Yes" to an	y of the q	uest	ions abo	ve, p	olease give the	he relevant o	details	below; otherwise,
please go to item 8.									
Name of	Grant	Spo	onso	orships	Per	rsonal Fees	Non-mone	etary	Comments
Institution/Company	(Purpose	e (Pu	ırpos	se and	(Pu	rpose and	support		
and amount) amount) amount)									
Patent Pending	Issued	License	d	Royalti	ies	Licensee	Comments	\	

Intellectual Conflicts	Additional	Comments
of Interests	Information	

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Date:	Handwritten Signature:	Dr. Lashdro C. Baschi Médico SRM 117.158
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1. Identification Information			
Full name			
Institution			
Research area			
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. Relevant Financia	l and Non	-Monetai	ry A	ctivities	5				
Within the past 3 year									
commercial or other of									
3a Financial support,	□Ye	es 🗆 No							
funding.									
3b Non-monetary sup	, facilities,	□Ye	s						
research assistants, pa									
4. Intellectual Prope									
4a Do you have any	intellectu	ıal propei	rty 1	rights th	nat n	night be en	hanced or	□Ye	es $\square$ No
diminished by the out	come of th	e SUPER	pro	ject?					
4b Patents, trademark	s, or copyr	rights (per	ndin	g applic	ation	ns, surgical	instrument	□Ye	s $\square$ No
patents, etc.).									
4c Proprietary know-l	now in a su	ıbstance, 1	techi	nology,	or pı	ocess.		□Ye	s $\square$ No
5. Intellectual Conflicts of Interests									
Competing or other in	tellectual i	interests (	inch	uding th	ose	of an acader	nic nature,	□Ye	es 🗆 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 SU	JPER proje	ect and the	e dat	a that m	ay ir	nform the de	velopment		
of essential reporting	items.								
6. Relationships Not	Covered A	Above							
Do you have any add	litional inf	ormation	to o	disclose	that	is not cove	ered in the	□Ye	s $\square$ No
items above?									
7. Explanation									
If you have answered	'Yes" to an	y of the q	uest	ions abo	ve, p	olease give the	he relevant o	details	below; otherwise,
please go to item 8.									
Name of	Grant	Spo	onso	orships	Per	rsonal Fees	Non-mone	etary	Comments
Institution/Company	(Purpose	e (Pu	ırpos	se and	(Pu	rpose and	support		
and amount) amount) amount)									
Patent Pending	Issued	License	d	Royalti	ies	Licensee	Comments	\	

Intellectual Conflicts	Additional	Comments
of Interests	Information	

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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 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 details below; otherwise,					
please go to item 8.					
Name of Grant Sponsorships Personal Fees Non-monetary Comments					
Institution/Company (Purpose and (Purpose and support					
and amount) amount) amount)					
	•				
Patent Pending Issued Licensed Royalties Licensee Comments	s				

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.

Date:	Handwritten Signature:
20th Jan. 2021	R: Waseda

#### **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. <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.

Λ

Handwritten Sig	nature	: L. Woseda
Title: Assistant Pi	rofessor	, Department of General Thoracic, Breast and Pediatric Surgery, Fukuoka University
Contact Telepho	ne:	+81-92-801-1011
Contact E-mail:	wryuid	chi0119@fukuoka-u.ac.jp
Date: Jan. 20th. 20	021	

#### 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	SEYFI ALPER TOKER
Institution	Wast Virpinion Upivi
Research area	Roboliz Surpey
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?	No
2a Employment.	□Yes ☑No
2b Consulting, including service as a technical, professional, or other advisor.	□Yes □No

3. Relevant Financial	and Non-	Monetary A	ctivities	3. Relevant Financial and Non-Monetary Activities					
Within the past 3 years, have you or your research unit received support from a						ort from a			
commercial or other organization with interest related to the SUPER project?						roject?			
3a Financial support,	a Financial support, including grants, sponsorships, personal fees, and other					and other	□Yes	i No	
funding.				*********					
3b Non-monetary supp	ort value,	including co	ollaborati	ions,	equipment,	facilities,	□Yes	s No	
research assistants, paid travel to meetings, etc.									
4. Intellectual Proper	ty: Patent	s, trademar	ks, and	сору	rights				
4a Do you have any	intellectua	al property	rights th	at n	night be enl	hanced or	□Ye:	s ZNo	
diminished by the outc	ome of the	SUPER pro	oject?						
4b Patents, trademarks	, or copyri	ghts (pendir	ng applic	ation	s, surgical i	nstrument	∐Ye:	s 🖾 No	
patents, etc.).									
4c Proprietary know-h	ow in a sul	ostance, tech	mology,	or pr	ocess.		□Ye	s 🗹 No	
5. Intellectual Conflic	ts of Inter	rests							
Competing or other int	ellectual i	nterests (inc	luding th	ose o	of an acaden	nic nature,	□Ye	s 🔼 No	
e.g., a surgical technique invention or the name of a surgical technique was					nique 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	7. Explanation								
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise,					below; otherwise,				
please go to item 8.									
Name of	Grant	Spons	Sponsorships   Personal Fees   Non-mone				etary	Comments	
Institution/Company	(Purpose	(Purp	(Purpose and Support						
	and amo	unt) amou	1t)	am	ount)				
Patent Pending	Issued	Licensed	Royalt	ies	Licensee	Comments	3		

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.

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:

#### Introduction

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1. Identification Information			
Full name			
Institution			
Research area			
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. 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 SUPE	ER project?				
3a Financial support, including grants, sponsorships, personal fe	ees, and other Yes No				
funding.					
3b Non-monetary support value, including collaborations, equipm	nent, 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	e enhanced or Yes No				
diminished by the outcome of the SUPER project?					
4b Patents, trademarks, or copyrights (pending applications, surgio	cal 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 aca	ademic nature, Yes No				
e.g., a surgical technique invention or the name of a surgical t	technique was				
associated with you) that could potentially affect your objectivity v	with respect to				
the objective of the SUPER project and the data that may inform the	e development				
of essential reporting items.					
6. Relationships Not Covered Above					
Do you have any additional information to disclose that is not of	covered in the Yes No				
items above?					
7. Explanation					
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwis					
please go to item 8.					
Name of Grant Sponsorships Personal Fe	ees Non-monetary Comments				
Institution/Company (Purpose and (Purpose a	and support				
and amount) amount) amount)					
Patent Pending Issued Licensed Royalties Licensed	ee Comments				

Intellectual Conflicts	Additional	Comments
of Interests	Information	

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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-Breocra		
Research area	Gynecology		
Contact address	robert. Fruscia Bunimib,it		
2. Employment an	d Consulting		
	ars, have you received remuneration from a commercial entity in with an interest related to the SUPER project?		
2a Employment.		□Yes	□No
2b Consulting, incl	uding service as a technical, professional, or other advisor.	□Yes	⊠No

3. Relevant	Financia	and Nor	-Mon	etary /	Activitie	s				
Within the po										
3a Financial funding.	support,	including	gran	ts, spo	nsorships	s, pe	rsonal fees,	and other	□Ye	es 🗹 No
3b Non-mon						tions	, equipment	t, facilities,	□Ye	es 🗹 No
4. Intellectua	al Proper	ty: Pater	ıts, tra	adema	rks, and	cop	yrights			,
4a Do you diminished b					15.74 May 14.	hat i	might be er	nhanced or	□Ye	es 🗹 No
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).								□Ye	es ⊠No	
4c Proprietary know-how in a substance, technology, or process.								□Ye	es 🖾 No	
5. Intellectua	al Confli	cts of Int	erests	i i						
e.g., a surgice associated with the objective of essential re	cal techni ith you) the of the SU	ique inven nat could PER proj	ntion potent	or the	name of	a s	urgical tech	nnique was	□Ye	es 🛮 No
6. Relationsh	hips Not	Covered	Above							
Do you have items above?		itional in	forma	tion to	disclose	that	is not cove	ered in the	□Ye	es 🗹 No
7. Explanation	on									
If you have an please go to i		Yes" to ar	ny of th	he ques	tions abo	ve, j	olease give t	he relevant o	details	below; otherwise
Name of Institution/C	Company	Grant (Purpos and amo			orships ose and nt)	(Pt	rsonal Fees urpose and ount)	Non-mone support	tary	Comments
						_				
Patent Per	nding	Issued	Lice	nsed	Royalti	ies	Licensee	Comments		

Intellectual Conflicts of Interests	Additional Information	Comments	
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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: January 7th, 2021

Handwritten Signature: ATS

### 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>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 Signatur	e:	lura	Lew		
Title: MD	FRES	(DG).	FACS, FO	CCP, F	ERIS
Contact Telephone:	+3	1	36481	-	
Contact E-mail:	1 HA	RCO.	SCARC	51 (D) 42	1C. COY
Date:	4	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	HARGO SCARO
Institution	S. GERARDO HO
Research area	THORAPIC SUPP
Contact address	
2. Employment and Consulting	20900 PENZA
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. Relev	ant Financial	and Nor	ı-Mon	etary.	Activities	8				
Within t	he past 3 year	s, have y	ou or y	your re	search ur	nit re	ceived supp	ort from a		
commer	cial or other o	rganizatio	on with	intere	st related	to t	he SUPER p	roject?		
3a Finar funding.	ncial support,	including	g gran	ts, spo	nsorships	, pe	rsonal fees,	and other	□Ye	es 🗆 No
	monetary sup					ions	, equipment	, facilities,	□Ye	es LyKo
4. Intell	ectual Proper	rty: Pater	nts, tra	adema	rks, and	copy	vrights			
	you have any ned by the out					at r	night be en	hanced or	□Ye	es ENo
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).									□Ye	es LYNo
4c Proprietary know-how in a substance, technology, or process.								□Ye	s DXo	
5. Intell	ectual Confli	cts of Int	erests							
associate the object	urgical techni ed with you) to ctive of the SU tial reporting i	hat could IPER proj	potent	ially at	fect your	obj	ectivity with	respect to		
6. Relat	ionships Not	Covered	Above	2						
Do you items ab	have any add ove?	itional in	forma	tion to	disclose	that	is not cove	ered in the	□Ye	es 🗆Xo
7. Expla	nation									
	ve answered " to item 8.	Yes" to a	ny of tl	he ques	tions abo	ve,	olease give t	he relevant o	letails	below; otherw
Name o	of ion/Company	Grant (Purpos					Non-mone support	etary	Comments	
	T			ensed	Royalti			C		
Patent	Pending	Issued	100	INGOVI .	1 KOV SUD	25.5	Licensee	Comments		

Intellectual Conflicts of Interests	Additional Information	Comments
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Date: & |

Handwritten Signature:

#### 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. Relev	ant Financia	l and No	n-Mor	etary	Activitie.	s				
Within t	he past 3 year	s, have y	ou or	your re	search u	nit re	eceived sup	port from a	NO, ID	ID NOT.
commercial or other organization with interest related to the SUPER project?										
3a Finar	cial support,	including	g gran	ts, spo	nsorships	s, pe	rsonal fees,	, and other	□Y	es •No
funding.										
	monetary sup		e			ions	, equipmen	t, facilities,	□Y	es •No
Section 1980	ectual Proper	SASS PROBERTING OF	000000000	-	Coste Income	cop	yrights			
	ou have any	•	25.50.00	3 2 5 5 Q A 5 5				nhanced or	□Y	s •No
	ed by the out			. ŽŽ.	3159101				555	
4b Patents, trademarks, or copyrights (pending applications, surgical instrument									■Ye	es □No
patents,									100 200	
4c Proprietary know-how in a substance, technology, or process.								□Y	es •No	
5. Intellectual Conflicts of Interests										
Competing or other intellectual interests (including those of an academic nature,								□Y	s •No	
e.g., a s	urgical techni	ique inve	ntion	or the	name of	as	urgical tech	inique was		
associate	ed with you) th	nat could	potent	ially at	ffect your	obj	ectivity with	respect to		
the object	tive of the SU	PER proj	ect an	d the da	ata that m	ay ii	nform the de	velopment		
of essent	ial reporting i	tems.						180		
6. Relati	onships Not	Covered	Above	2						
Do you	have any add	itional in	forma	tion to	disclose	that	is not cove	ered in the	□Y	es •No
items ab	ove?									
7. Expla	nation									
If you ha	ve answered "	Yes" to a	ny of t	he ques	tions abo	ve, j	olease give t	he relevant o	etails	below; otherwis
please go	to item 8.									
Name o	f	Grant		Spons	orships	Per	rsonal Fees	Non-mone	tary	Comments
Instituti	on/Company	(Purpos	e	(Purp	ose and	(Pı	irpose and	support		5.100 III 7 CH LAWY
		and amo	ount)	amou	nt)	am	ount)	1.000		
		-								
		7	T. Co.	ensed	Royalti		Licensee	Comments	8	
Patent	Pending	Issued	LICC	insed	Royanti	62	Licensee	Comments		

Every information about the patent is described in the paper "Double-stapling technique for transhistal distal coophageal resection; feasibility test in a cadever 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

Intellectual Conflicts of Interests	Additional Information	Comments	
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18	10	MU	IAI	2Y	200	11

Handwritten Signature:

### Introduction

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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 the past 3 years, have you or your research unit received s	upport from a	
commercial or other organization with interest related to the SUPE	R project?	
3a Financial support, including grants, sponsorships, personal fe	ees, and other Yes No	
funding.		
3b Non-monetary support value, including collaborations, equipm	nent, 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, surgio	cal 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 aca	ademic nature, Yes No	
e.g., a surgical technique invention or the name of a surgical to	echnique was	
associated with you) that could potentially affect your objectivity v	with respect to	
the objective of the SUPER project and the data that may inform the	e development	
of essential reporting items.		
6. Relationships Not Covered Above		
Do you have any additional information to disclose that is not c	covered in the Yes No	
items above?		
7. Explanation		
If you have answered "Yes" to any of the questions above, please give	we the relevant details below; other	wise,
please go to item 8.		
Name of Grant Sponsorships Personal Fe	ees Non-monetary Comments	
Institution/Company (Purpose and (Purpose and Purpose and (Purpose and Purpose	nd support	
and amount) amount) amount)		
Patent Pending Issued Licensed Royalties Licensed	ee Comments	

Intellectual Conflicts	Additional	Comments
of Interests	Information	

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Date:	Handwritten Signature:	Gpiessen
03/02/2021		apressen

### Introduction

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1. Identification Information			
Full name			
Institution			
Research area			
Contact address			
2. Employment and Consulting			
Within the past 3 years, have you received remu			
or other organization with an interest related to			
2a Employment.	□Yes	□No	
2b Consulting, including service as a technical,	□Yes	□No	
3. Relevant Financial and Non-Monetary Ac	tivities		

Within the past 3 years							
commercial or other or							
3a Financial support,	including gran	ts, sponsorships	s, personal fees,	and other	□Ye	s $\square$ No	
funding.							
3b Non-monetary supp	ort value, incl	uding collaborat	ions, equipment	, facilities,	□Ye	s $\square$ No	
research assistants, paid	d travel to mee	tings, etc.					
4. Intellectual Proper	ty: Patents, tr	ademarks, and	copyrights				
4a Do you have any	intellectual pr	operty rights th	nat might be en	hanced or	□Ye	s $\square$ No	
diminished by the outc	ome of the SU	PER project?					
4b Patents, trademarks	, or copyrights	(pending applic	eations, surgical	instrument	□Ye	s $\square$ No	
patents, etc.).							
4c Proprietary know-ho	ow in a substar	nce, technology,	or process.		□Ye	s $\square$ No	
5. Intellectual Conflic	ts of Interests						
Competing or other int	ellectual intere	ests (including th	ose of an acader	nic nature,	□Ye	s	
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 $\square$ No	
items above?							
7. Explanation							
If you have answered "	Yes" to any of t	he questions abo	ve, please give th	he relevant o	details	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)						

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

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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Date: 2021-02-25	Handwritten Signature:	Qiu Bin	
			_

### Introduction

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1. Identification Information	. 1.16					
Full name	Daoyuan WANG	Daoynan WANG  AME Publishing Company  Publication				
Institution	AME Publishing C	ompany				
Research area	Publication					
Contact address	Swang @ amegroups. Com					
2. Employment and Consulting						
Within the past 3 years, have you receive or other organization with an interest re	ed remuneration from a commercial entity lated to the SUPER project?	'				
2a Employment.	(A)	☐Yes ☑No				
2b Consulting, including service as a te	chnical, professional, or other advisor.	□Yes ☑No				
3. Relevant Financial and Non-Mone						

Marie Inc.	in the	ALL THE			- 1	
3 7 7 7 7 7	and amount)	amount)	amount)	OR OL		
Name of Institution/Company	Non-mone support	tary	Comments			
If you have answered " please go to item 8.	Yes" to any of t	he questions abo	ve, please give the	he relevant d	letails b	elow; otherwi
7. Explanation						
items above?	itional informa	ition to disclose	that is not cove	ered in the	□Yes	ØN₀
<ol><li>Relationships Not</li><li>Do you have any add</li></ol>	100000000000000000000000000000000000000		that is not a	and to sta	ПУ	<del></del>
associated with you) the objective of the SU of essential reporting i	IPER project an items.	nd the data that m				
e.g., a surgical techn	ique invention	or the name of	f a surgical tech	nique was		
Competing or other in	tellectual intere	ests (including th	nose of an acader	mic nature,	□Yes	ĎN₀
5. Intellectual Confli			or process.			Дио
4c Proprietary know-h	now in a substa	nce technology	Or process		□Yes	i ☑No
4b Patents, trademark patents, etc.).	s, or copyrights	s (pending applic	cations, surgical	instrument	☐ Yes	ØN₀
diminished by the out					_	
4a Do you have any			hat might be er	nhanced or	☐ Yes	s ☑No
4. Intellectual Proper	rty: Patents, tr	ademarks, and	copyrights			
research assistants, pa			uons, equipmen	i, monnico,		
3b Non-monetary sup	port value, inci	luding collabora	tions, equipmen	t facilities	□Yes	s ⊠No
3a Financial support, funding.	, and other	□Yes	S ⊠No			
commercial or other o						
Within the past 3 year	rs, have you or	your research u	nit received sup	port from a		

1/M2/

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments	

Intellectual Conflicts of Interests	Additional Information	Comments

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Date: Vo20.11. 20	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>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:	Jacobs
Title:	CEO, AME Publishing Company
Contact Telephone:	+86-1892623 8588
Contact E-mail:	swang @amegroups.com
Date:	2020.11.20

### Introduction

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1. Identification Information			
Full name	Yaclong Chen		
Institution	Evidence-based Medicine Center, School of Basic Me	dical Sciences, L	anchou University
Research area	Evidence-based Mcdicine; Guideline; Reporting guide	line	
Contact address	archou		
2. Employment and Consulting			
Within the past 3 years, have you received or other organization with an interest rela			
2a Employment.	□Yes	■No	
2b Consulting, including service as a tec-	□Yes	■No	
3. Relevant Financial and Non-Monets	ary Activities		

Within the past 3 years, commercial or other org				7		
Ba Financial support, in funding.	ncluding grant	s, sponsorships	, personal fees,	and other	□Ye	s ■No
3b Non-monetary supporesearch assistants, paid			ions, equipment	, facilities,	□Ye	s ■No
4. Intellectual Property	y: Patents, tra	demarks, and	copyrights			
4a Do you have any i			at might be en	hanced or	□Ye	■No
4b Patents, trademarks, patents, etc.).	or copyrights	(pending applic	ations, surgical i	instrument	□Ye	s ■No
4c Proprietary know-ho	w in a substan	ce, technology,	or process.		□Ye	. ■No
5. Intellectual Conflict	ts of Interests					
e.g., a surgical technic associated with you) th the objective of the SUI of essential reporting it 6. Relationships Not C Do you have any addi	at could potent PER project an ems. Covered Above	tially affect your d the data that m	objectivity with ay inform the de	respect to velopment	□Yes	≅ ■No
items above?						
7. Explanation  If you have answered " please go to item 8.						
Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-mone support	tary	Comments

Pending	Issued	Licensed	Royalties	Licensee	Comments	
	Pending	Pending Issued	Pending Issued Licensed	Pending Issued Licensed Royalties	Pending Issued Licensed Royalties Licensee	Pending Issued Licensed Royalties Licensee Comments

Intellectual Conflicts of Interests	Additional Information	Comments

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CONTRACTOR	The state of the s
Date:	Handwritten Signature:
11/17/2020	Handwritten Signature: You Cong Chen

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1. Identification Information			
Full name			
Institution			
Research area			
Contact address			
2. Employment and Consulting			
Within the past 3 years, have you received remu			
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 Ac	tivities		

Within the past 3 years						
commercial or other or						
3a Financial support,	including gran	ts, sponsorships	s, personal fees,	and other	□Ye	s  No
funding.						
3b Non-monetary supp		•	ions, equipment	, facilities,	□Ye	s  No
research assistants, paid	d travel to mee	tings, etc.				
4. Intellectual Proper	ty: Patents, tr	ademarks, and	copyrights			
4a Do you have any	intellectual pr	coperty rights th	nat might be en	hanced or	□Ye	es No
diminished by the outc	ome of the SU	PER project?				
4b Patents, trademarks	, or copyrights	(pending applic	eations, surgical	instrument	□Ye	es $\square$ No
patents, etc.).						
4c Proprietary know-ho	ow in a substar	nce, technology,	or process.		□Ye	s 🗆 No
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Competing or other int	ellectual intere	ests (including th	ose of an acader	nic nature,	□Ye	es 🗆 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 (						
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items above?						
7. Explanation						
If you have answered "	Yes" to any of t	he questions abo	ve, please give the	he 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)			

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