

ICMJE DISCLOSURE FORM

Date: 11.12.2021

Your Name: Tim Fahlbusch

Manuscript Title: Impact of pylorus preservation on delayed gastric emptying after pancreaticoduodenectomy – analysis of 5000 patients based on the German StuDoQ|Pancreas-Registry

Manuscript number (if known): _____

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.

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Time frame: past 36 months			
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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> None	

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

none

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

 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: 11.12.2021

Your Name: Andreas Minh Luu

Manuscript Title: Impact of pylorus preservation on delayed gastric emptying after pancreaticoduodenectomy – analysis of 5000 patients based on the German StuDoQ|Pancreas-Registry

Manuscript number (if known): _____

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

 X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: Philipp Höhn
 Your Name: MD
 Manuscript Title: _____
 Manuscript number (if known): _____

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No conflict of interest.

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ICMJE DISCLOSURE FORM

Date: 11/11/2021

Your Name: Carsten Klinger

Manuscript Title: Impact of pylorus preservation on delayed gastric emptying after pancreaticoduodenectomy – analysis of 5000 patients based on the German StuDoQ|Pancreas-Registry

Manuscript number (if known): GS-21-645-CL

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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Carsten Klinger, 11.11.2021

ICMJE DISCLOSURE FORM

Date: 11/11/2021

Your Name: Prof. Dr. Jens Werner

Manuscript Title: Impact of pylorus preservation on delayed gastric emptying after pancreaticoduodenectomy – analysis of 5000 patients based on the German StuDoQ|Pancreas-Registry

Manuscript number (if known): GS-21-645-CL

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None

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 Klinikum der Universität München
 Klinik für Allgemein-, Viszeral-
 und Transplantationschirurgie
 Direktor Prof. Dr. med. J. Werner
 Marchioninstraße 15 · 81377 München
 1202/02/11 Munich 11/20/2021

ICMJE DISCLOSURE FORM

Date: 11/11/2021

Your Name: Prof. Dr. Tobias Keck

Manuscript Title: Impact of pylorus preservation on delayed gastric emptying after pancreaticoduodenectomy – analysis of 5000 patients based on the German StuDoQ|Pancreas-Registry

Manuscript number (if known): GS-21-645-CL

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UNIVERSITÄTSKLINIKUM Schleswig-Holstein
 - Klinik für Chirurgie
 Direktor: Prof. Dr. med. Tobias Kueh
 Ratzeburger Allee 160, 23538 Lubeck

ICMJE DISCLOSURE FORM

Date: 15.11.2021 _____
Your Name: Univ.-Prof. Dr. Helmut Friess _____
Manuscript Title: Studoq - DGE nach Pankreaskopfresektion _____
Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11.11.2021
 Your Name: Köpinse Jörg
 Manuscript Title: Impact of splenectomy preservation on delayed gastric emptying after non-cerebral aneurysmectomy
 Manuscript number (if known): _____

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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ICMJE DISCLOSURE FORM

Date: 11/11/2021

Your Name: Prof. Dr. Thomas Kraus

Manuscript Title: Impact of pylorus preservation on delayed gastric emptying after pancreaticoduodenectomy – analysis of 5000 patients based on the German StuDoQ|Pancreas-Registry

Manuscript number (if known): GS-21-645-CL

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

None conflict of interest as defined above

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.

[Handwritten signature]

ICMJE DISCLOSURE FORM

Date: November, 11th, 2021

Your Name: Alsfasser, Guido

Manuscript Title: Impact of pylorus preservation on delayed gastric emptying after pancreaticoduodenectomy – analysis of 5000 patients based on the German StuDoQ|Pancreas-Registry

Manuscript number (if known): GS-21-645

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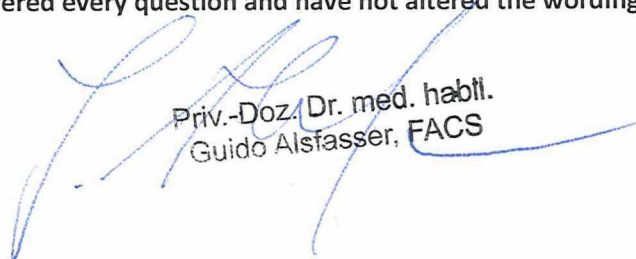
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N/A

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 Priv.-Doz. Dr. med. habil.
 Guido Altfasser, FACS

ICMJE DISCLOSURE FORM

Date: 11/11/2021

Your Name: Prof. Dr. Winfried Padberg

Manuscript Title: Impact of pylorus preservation on delayed gastric emptying after pancreaticoduodenectomy – analysis of 5000 patients based on the German StuDoQ|Pancreas-Registry

Manuscript number (if known): GS-21-645-CL

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

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

none

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/10/21

Your Name: Joerg-P Ritz

Manuscript Title: Impact of pylorus preservation on delayed gastric emptying after pancreaticoduodenectomy

Manuscript number (if known): GS-21-645-CL

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)
Time frame: Since the initial 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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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11/10/21 

Helios Kliniken Schwerin GmbH
 Klinik f. Allgemein- u. Viszeralchirurgie
 Chefarzt
 Prof. Dr. med. J.-P. Ritz
 Wismarsche Str. 393-397 | 19049 Schwerin

ICMJE DISCLOSURE FORM

Date: 11.11.2021

Your Name: Waldemar Helmut Uhl

Manuscript Title: Impact of pylorus preservation on delayed gastric emptying after pancreaticoduodenectomy – analysis of 5000 patients based on the German

StuDoQ|Pancreas-Registry

Manuscript number (if known): GS-21-645

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

I have no conflicts of interest.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



Prof. Dr. W. Uhl

ICMJE DISCLOSURE FORM

Date: Nov. 11th, 2021

Your Name: Orlin Belyaev

Manuscript Title: Impact of pylorus preservation on delayed gastric emptying after pancreaticoduodenectomy – analysis of 5000 patients based on the German StuDoQ|Pancreas-Registry

Manuscript number (if known): GS-21-645-CL

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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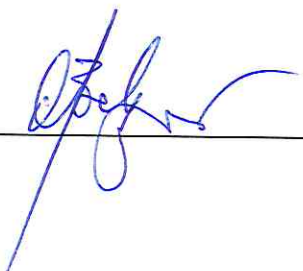
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