Date: <u>11.12.2021</u>				
Your Name:	Tim Fahlbusch			
Manuscript Tit	le: Impact of pylorus preservation on delayed gastric emptying after			
pancreaticoduo	denectomy – analysis of 5000 patients based on the German			
StuDoQ Pancre	eas-Registry			
Manuscript nu	mber (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 <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.

		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)
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	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
0	pending	None	
	pe		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	'		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fol	lowing box:
	nono		
	none		

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

Date: 11.12.20	Date: <u>11.12.2021</u>				
Your Name:	Andreas Minh Luu				
Manuscript Tit	tle: Impact of pylorus preservation on delayed gastric emptying after				
pancreaticoduc	odenectomy – analysis of 5000 patients based on the German				
StuDoQ Pancre	eas-Registry				
Manuscrint nu	imber (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 <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.

		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)
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	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	·		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
,	Safety Monitoring Board or	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,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fo	lowing box:

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

Date: Philipp Höhn	
Your Name: <u>MD</u>	
Manuscript Title:	
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 <u>current 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.

		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)
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	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None				
6	Payment for expert testimony	None				
7	Support for attending meetings and/or travel	None				
8	Patents planned, issued or pending	None				
9	Participation on a Data Safety Monitoring Board or Advisory Board	None				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None				
11	Stock or stock options	None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None				
13	Other financial or non- financial interests	None				
	Please summarize the above conflict of interest in the following box:  No conflict of interest.					
Ple	ease place an "X" next to the _ I certify that I have answe form.		ndicate your agreement: X ave not altered the wording of any of the questions on thi			

ate: <u>11/11/2021</u>	
our Name: Carsten Klinger	
lanuscript Title: Impact of pylorus preservation on delayed gastric emptying after pancreaticoduodenectomy – analysis	of
000 patients based on the German StuDoQ Pancreas-Registry	
lanuscript 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 <u>current 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.

		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)
		I	planning of the work
1	All support for the present	X_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
٥	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
	D 11 1 11 D 1	V N	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fol	lowing box:

x_	I certify that I have answered every question and have r	not altered the wording of any of t	he questions on this
	Form.		

Carsten Klinger, 11.11.2021

Date: <u>11/11/2021</u>
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

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.

		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	
PH		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, speakers bureaus,	None	
	manuscript writing or educational events		
5	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
3	Patents planned, issued or pending	None	
)	Participation on a Data Safety Monitoring Board or Advisory Board	None	
.0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
.1	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
L3	Other financial or non- financial interests	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.

Klibikum der Universität Mijnerien // // 20/ 707/ Klinik für Allgemein-, Viszeralund Transplantationschirurgie Direktor Prof. Dr. med. J. Werner

Marchioninistraße 15 · 81377 München

Date: <u>11/11/2021</u>
our Name: Prof. Dr. Tobias Keck
Manuscript Title: Impact of pylorus preservation on delayed gastric emptying after pancreaticoduodenectomy – analysis of
000 patients based on the German StuDoQ Pancreas-Registry
Manuscript number (if known): GS-21-645-CI

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 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.

		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)
	MORESTONICS CONTRACTOR	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	

	-  -		
	Payment or honoraria for	None	
	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
: 13	educational events		
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
63	meetings and/or travel		
313			
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
,	Safety Monitoring Board or	None	
13	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
,	materials, drugs, medical	Se at this set that is	
	writing, gifts or other		
	The same of the sa		
13	services	None	
13	The same of the sa	None	
13	services Other financial or non-	None	
	services Other financial or non-		llowing box:
	Other financial or non-financial interests		llowing box:
	Other financial or non-financial interests		llowing box:
	Other financial or non-financial interests		llowing box:
	Other financial or non-financial interests		llowing box:
Ple	other financial or non- financial interests  ease summarize the above co	nflict of interest in the fo	
Ple	Other financial or non-financial interests	nflict of interest in the fo	
Ple	Other financial or non- financial interests  ease summarize the above co	nflict of interest in the fo	ndicate your agreement:
Ple	other financial or non- financial interests  ease summarize the above co	nflict of interest in the fo	ndicate your agreement:
	Other financial or non- financial interests  ease summarize the above co	following statement to in	ndicate your agreement: nive not altered the wording of any of the questions on t
Ple	other financial or non- financial interests  ease summarize the above co	following statement to in	ndicate your agreement: nive not altered the wording of any of the questions on t
Ple	other financial or non- financial interests  ease summarize the above co	following statement to in	ndicate your agreement:
Ple	other financial or non- financial interests  ease summarize the above co	following statement to in the ed every question and have a kink for Charge	ndicate your agreement: nive not altered the wording of any of the questions on t

Date: 15.11.2021	
Your Name: UnivProf. Dr. Helmut Friess	
Manuscript Title: Studoq - DGE nach Pankreaskopfresektion	
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 <u>current 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.

		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)
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.	x_None	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: pastxNonexNone	36 months
4	Consulting fees	xNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	_xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None	
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone	
13	Other financial or non- financial interests	x_None	
Ple	ease summarize the above o	onflict of interest in the fol	lowing box:

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

Date:	21	
Your Name: Mobilesc.	lorg	
Manuscript Title: Impect o	I poporos preservotra on deloyed gastic	
Manuscript number (if known):	ecutying ofthe poncieation - deodector	2.00
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7
	·	

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 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.

		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 initi	al 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: pas	t 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		- V	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	1/	
6	Payment for expert	_XNone	
	testimony		
-			
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending	None	
	Periang		
9	Participation on a Data	X None	
	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	V	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	V	
	Stock of Stock options	None	
12	Possint of annium	1/-	
12	Receipt of equipment, materials, drugs, medical	<u>X</u> None	
	writing, gifts or other		
	services		
13	Other financial or non-	V	
13	financial interests	_X_None	
	mancial interests		
Dlo	350 Summania di I		
rie	ase summarize the above co	onflict of interest in the following bo	x:

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

Date: 11/11/2021	
Your Name: Prof. Dr. Thomas Kraus	
Manuscript Title: Impact of pylorus preserva	tion on delayed gastric emptying after pancreaticoduodenectomy – analysis o
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.

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.

		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	al 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	
m		Time frame: pas	t 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	77

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

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

No contlect of inforst as defined above

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.

Date: November, 11 <sup>th</sup> , 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				

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	<b>国际的最后与企业关键。在关键的,可是</b>	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.	None	
	是是於是我的政治學的學術	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	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
U	testimony		
	testimony		
7	Support for attending	None	
	meetings and/or travel	7 \	
8	Patents planned, issued or	None	
•	pending		
		0	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy	2	
	group, paid or unpaid	<b>C</b>	
11	Stock or stock options	None	
10	Descipt of equipment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services	. /	
13	Other financial or non-	None	
	financial interests		

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

NA		

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.

Priv.-Doz. Dr. med. habl. Guido Alsfasser, FACS

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 nationts based on the German StuDoOIPancreas-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.

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

		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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	x_None	
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x_None		
6	Payment for expert testimony	xNone		
7	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or pending	_xNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone		
11	Stock or stock options	x_None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone		
13	Other financial or non- financial interests	xNone		
Ple	Please summarize the above conflict of interest in the following box:			

none			

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

Date: <u>11/10/21</u>

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 <u>current 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.

		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)
	All	Time frame: Since the initia	al 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.	XNone	
		Time frame: pas	: 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	_X_None	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	X None
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone
11	Stock or stock options	_XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X None
Ple	ase summarize the above co	flict of interest in the following box:

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

11/10/11 // 12/8/ 9/10

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

Date: 11.11.2021	
Your Name: Waldemar Helmut U	nl
Manuscript Title: Impact of pyl-	orus 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

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 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.

		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.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	

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

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:

\_X\_\_ 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

Date: Nov. 11<sup>th</sup>, 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.

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

		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)
1200	idin (1956) 自由,并是由于1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,	Time frame: Since the initi	al 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	
0.6		Time frame: pas	t 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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
<del>.</del>	testimony	None	
7			
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board	FOREST STATE OF STATE	
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
.2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

No conflicts of interest.	/
	Bek

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.