

ICMJE DISCLOSURE FORM

Date: September 16th, 2021

Your Name: Mohammad Hussein

Manuscript Title: Preoperative diabetes complicates postsurgical recovery but does not amplify readmission risk following pancreatic surgery

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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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	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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	
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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	
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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:

Nothing to disclose

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

I (Mohammad Hussein) 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: September 16th, 2021

Your Name: Eman Toraih

Manuscript Title: Preoperative diabetes complicates postsurgical recovery but does not amplify readmission risk following pancreatic surgery

Manuscript number (if known): ----

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I (Eman Toraih) 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: September 16th, 2021

Your Name: Adin Reisner

Manuscript Title: Preoperative diabetes complicates postsurgical recovery but does not amplify readmission risk following pancreatic surgery

Manuscript number (if known): ----

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

I (Adin Reisner) 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: September 16th, 2021

Your Name: Areej Shihabi

Manuscript Title: Preoperative diabetes complicates postsurgical recovery but does not amplify readmission risk following pancreatic surgery

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Nothing to disclose

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

I (Areej Shihabi) 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: September 16th, 2021

Your Name: Zaid Al-Quaryshi

Manuscript Title: Preoperative diabetes complicates postsurgical recovery but does not amplify readmission risk following pancreatic surgery

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

I (Zaid Al-Quaryshi) 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: September 16th, 2021

Your Name: Jeffrey Borchardt

Manuscript Title: Preoperative diabetes complicates postsurgical recovery but does not amplify readmission risk following pancreatic surgery

Manuscript number (if known): ----

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I (Jeffrey Borchardt) 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: September 16th, 2021

Your Name: Emad Kandil

Manuscript Title: Preoperative diabetes complicates postsurgical recovery but does not amplify readmission risk following pancreatic surgery

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