

## ICMJJE DISCLOSURE FORM

Date: Feb. 13<sup>th</sup>, 2023

Your Name: Joanna Ortega

Manuscript Title: The Robotic Future of Minimally Invasive Cytoreduction and HIPEC for Peritoneal Surface Malignancies

Manuscript number (if known): CCO-22-118

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	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	__X__ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts	__X__ None	

	from any entity (if not indicated in item #1 above).		
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	<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	<input checked="" type="checkbox"/> None	

	other services		
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:** 2/13/2023

**Your Name:** Theofano Orfanelli

**Manuscript Title:** The Robotic Future of Minimally Invasive Cytoreduction and HIPEC for Peritoneal Surface Malignancies

**Manuscript number (if known):** CCO-22-118

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## ICMJE DISCLOSURE FORM

Date: Feb. 25<sup>th</sup>, 2021

Your Name: Edward A. Levine

Manuscript Title: MIS HIPEC review article

Manuscript number (if known):

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Edward A. Levine, M.D.  
Professor of Surgery  
Chief, Surgical Oncology  
Medical Director Oncology Service Line Optimization  
Wake Forest University



A Cancer Center Designated by the  
National Cancer Institute



## ICMJE DISCLOSURE FORM

Date: Feb. 13<sup>th</sup>, 2023

Your Name: Ioannis Konstantinidis

Manuscript Title: The Robotic Future of Minimally Invasive Cytoreduction and HIPEC for Peritoneal Surface Malignancies

Manuscript number (if known): CCO-22-118

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