ICMJE DISCLOSURE FORM

Date:	_8 Aug 2023		
Your Name	e:Vignesh Narasimhan MBChb, FRACS, PhD		
Manuscript Title:The LASRE trial: Further support for laparoscopic TME?			
Manuscript	t number (if known):CCO-23-52		

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None None None	
	testimony		
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:

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:8 Aug 2023	
Your Name:J. Joshua Smith, MD, PhD	
Manuscript Title:The LASRE trial: Further support	for laparoscopic TME?
Manuscript number (if known):CCO-2	3-52

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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	
1	All support for the present	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	see below	

5 Payment or honoraria fo		
	orsee below	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
6 Payment for expert	None	
testimony		
,		
7 Support for attending	see below	
	see below	
meetings and/or travel		
8 Patents planned, issued	or None	
pending		
Perion B		
9 Participation on a Data	cas balavy	
	see below	
Safety Monitoring Board		
Advisory Board		
10 Leadership or fiduciary r	oleNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
11 Stock or stock options	None	
12 Receipt of equipment,	None	
materials, drugs, medica		
writing, gifts or other		+
services		
13 Other financial or non-	see below	
financial interests		

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

Dr. Smith received travel support for fellow education from Intuitive Surgical (2015).

Dr. Smith served as a clinical advisor for Guardant Health (2019)

Dr. Smith served as a clinical advisor for Foundation Medicine (2022)

Dr. Smith served as a consultant and speaker for Johnson and Johnson (2022)

Dr. Smith serves as a clinical advisor and consultant for GSK (2023)

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.