Liu Rong

Date: October23,2023	
Your Name:Rong Liu	
Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023	
Manuscript number (if known):HBSN-23-132	

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

	<u> </u>	1	
5	Payment or honoraria for	ONone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	O None	
	testimony		
	,		
7	Support for attending	ONone	
,	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	ONone	
	pending		
9	Participation on a Data	ONone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	O_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	ONone	
12	Receipt of equipment,	ONone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_ONone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fol	lowing box:
N	lo COI		

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

Date:	_22-10-2023		
Your Name: Mo	ohamad Abu Hilal		
Manuscript Tit	le: Internation	Il consensus guidelines on robotic pancreatic surgery in 2023	
Manuscript nui	mber (if known):	HBSN-23-132	

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

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

Х			

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

	e:October 18, 2023		
	Name:Marc G Bess		
			on robotic pancreatic surgery in 2023
relat part to tr	ted to the content of your nies whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th	•	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Intuitive grants for investigator initiated DIPLOMA-2 randomized trial	Payment to institution
3	Royalties or licenses	None	

Consulting fees

None

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events	N		
6	Payment for expert	None		
	testimony			
7	Cupport for attackling	Nana		
7	Support for attending meetings and/or travel	None		
	meetings and/or travel			
	B			
8	Patents planned, issued or	None		
	pending			
	D 11.1 11. D 1	N.		
9	Participation on a Data	None		
	Safety Monitoring Board or			
10	Advisory Board	Nana		
10 Leadership or fiduciary role	None			
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
11	Stock of Stock options	NOTIC		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

Dr.Besselink acknowledges grants support to his hospital for the investigator initiated DIPLOMA-2 randomized trial

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

Date:20/10/2023	
Your Name:Thilo Hackert	_
Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023	-
Manuscript number (if known):HBSN-23-132	_

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		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.	_xNone	
		Time frame: pas	t 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	_xNone	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert		
		_xNone	
	testimony		
	Support for attending	x None	
	meetings and/or travel		
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			계 경우 2007년 경기를 하고 하늘 내가 살아 그리고 하는 것을 하고 살았다.
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	Patents planned, issued or	x None	
		NOTIE	
	pending		
	Participation on a Data	_xNone	
	Safety Monitoring Board or		
	Advisory Board		
0	Leadership or fiduciary role	x None	
U		_xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	x None	
			And the second of the second o
2	Docaint of antique and		
۷.	Receipt of equipment,	_xNone	
	materials, drugs, medical	-	
	writing, gifts or other		
	services		
3	Other financial or non-	x None	
	financial interests		

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

Universitätsklinikum Hamburg-Eppendorf
Zentrum für Operative Mydizin
Klinik & Poliklinik für Allgemein-, Viszerell- und Thoraxchirurgie
Prof. Dr. T. Hackert. MBA
Klinikdirektor
Mertinistraße 52 - 20246 Hamburg
Tel: 046 7410-52401/-53525. Fex. 0407410-44995

Date:	19.10.2023	
Your Name:	Prof C Palanivelu	
Manuscript Title:	International consensus guidelines on robotic pancreatic surgery in 2023	
Manuscript number	(if known):HBSN-23-132	

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		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	
		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, 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		

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

 I certify that	t I have ansv	vered every q	uestion and have	not altered the v	wording of any of	the questions o	on this
form.							

Date:	10-19-2023	
Your Name:	Zhao Yupei	
Manuscript Title:	_ International consensus guid	elines on robotic pancreatic surgery in 2023
Manuscript number (i	f known): HBSN-23-13	2

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		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, manuscript writing or educational events Payment for expert	None	
O	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	
Ple	ease summarize the above co	onflict of interest in the f	ollowing 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:\0/18/2023	
Your Name: Jin He	
Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023	
Manuscript number (if known):HBSN-23-132	

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		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, 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	
Ple	ase summarize the above co	onflict of interest in the following box:	

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

Date: October 19, 2023 Your Name: Ugo Boggi

Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023

Manuscript number (if known): HBSN-23-132

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		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		None	

	Payment or honoraria for			
	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	proctor for Intuitive		
	Safety Monitoring Board or	Surgical (pancreas		
	Advisory Board	surgery)		
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
	Stock of Stock options			
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

I am proctor for Intuitive Surgical (pancreas surgery)	

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

Date:	2023.10.20	
Your Name:	JIN-YOUNG JANG	
Manuscript '	Title: Internationa	consensus guidelines on robotic pancreatic surgery in 2023
Manuscript	number (if known):	HBSN-23-132

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

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	N. a. a.	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
'	meetings and/or travel	None	
	incomigo ama, or marer		
8	Patents planned, issued or	None	
	pending		
	_		
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		
11	group, paid or unpaid	Nana	
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		
- .			
Plea	ise summarize the above co	nflict of interest in the fo	llowing 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:_OTO 20, 2023				
Your Name:PANARO FABRIZIO_				
Manuscript Title: Internation	al consensus guidelines on robotic panc	reatic surgery in 2023		
Manuscript number (if known):	HBSN-23-132			

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		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,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events	• 1	
6	Payment for expert	None	
	testimony		
7	Comment for other disc.	Mana	
/	Support for attending meetings and/or travel	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
_			
9	Participation on a Data	None	
	Safety Monitoring Board or		
- 10	Advisory Board	• •	
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
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Please summarize the above conflict of interest in the following box:

I HAVE NO CONFLICT OF INTEREST TO DECLARE	

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

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

form

F PANARO Prof OF SURGERY

F Poneros.

Dat	te:2023-10-15		
Υοι	ur Name: Brian K. P. G	oh	
			es on robotic pancreatic surgery in 2023
rela par to t rela	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" med e affected by the content on necessarily indicate a bias. it is preferable that you do	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so. Sps/activities/interests as they relate to the current
The to to me	e author's relationships/act the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. In this manuscript without time limit. For all other items,
		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	l planning of the work
L	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).	Intuitive Foundation	
3	Royalties or licenses	None	
1	Consulting fees	Transmedic Local	

distributor of the Da Vinci

robot

		1	
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	
	pending		
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	following box:

grant from Intuitive foundation, consulting fees from Transmedic, Local distributor of the Da Vinci robot

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

Date:	_October, 19. 2023
Your Name:	Mikhail Efanov
Manuscript Title	International consensus guidelines on robotic pancreatic surgery in 2023
Manuscript num	ber (if known):HBSN-23-132

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

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events Payment for expert	Nege	
6	testimony	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
	ğ ,		
8	Patents planned, issued or	None	
	pending		
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		
11	group, paid or unpaid	Nene	
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 c	onflict of interest in the fo	llowing box:

I have no conflict of interest in presented study	

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

Date:10/20/2023
Your Name:Yuichi Nagakawa
Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023
Manuscript number (if known):HBSN-23-132

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 None	planning of the work
		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	
J	testimony	None	
	,		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	None	
10	Leadership or fiduciary role in other board, society,	None	
	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	
13	financial interests	None	
Ple	ease summarize the above o	onflict 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.

Dat	e: October19,2023_			
You	ır Name:Hong Jin	Kim		
		_	nes on robotic pancreatic surgery in 2023	
Mai	nuscript number (if knowr	ı):HBSN-23-132_		
rela part to t	ated to the content of your	manuscript. "Related" me be affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so so.	
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current	
to t med In it	he epidemiology of hyperidication, even if that medi	tension, you should declar cation is not mentioned in upport for the work report	e <u>defined broadly</u> . For example, if your manuscript perta e all relationships with manufacturers of antihypertensi the manuscript. ed in this manuscript without time limit. For all other it	ve
		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	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	ONone		
	processing charges, etc.) No time limit for this item.			
		Time frame: pas	t 36 months	
	Grants or contracts from	_ONone		

in item #1 above).

Royalties or licenses

Consulting fees

4

O__None

_None

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5	Payment or honoraria for	ONone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	ONone	
	testimony		
7	Support for attending meetings and/or travel	ONone	
8	Patents planned, issued or	ONone	
	pending		
0	D 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 11	
9	Participation on a Data Safety Monitoring Board or	ONone	
	Advisory Board		
10	Leadership or fiduciary role	O None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	ONone	
12	Receipt of equipment,	ONone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	O None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:
	No COI		
Ple	ase place an "X" next to the	e following statement to in	idicate 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.

Date: October 19,2023
Your Name: Xiaoyu Yin
Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023
Manuscript number (if known): HBSN-23-132

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	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
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	
	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	
DI-		and that of the word in the fall and a hour

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

I declare that I have no above conflict 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.

Date	e:	_2023/10/17		
			g Zhao	
				s on robotic pancreatic surgery in 2023
Man	nuscript n	umber (if known):	HBSN-23-132	
relat part to tr	ted to the ies whose ansparen	e content of your me interests may be acy and does not no	nanuscript. "Related" mea affected by the content of	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following uscript o		o the author's relationship	s/activities/interests as they relate to the current
to th	ne epiden	niology of hyperter	·	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.
			port for the work reported the past 36 months.	in this manuscript without time limit. For all other items,
			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	l planning of the work
1	manuscri provision medical v processin	rt for the present pt (e.g., funding, of study materials, vriting, article g charges, etc.) imit for this item.	None	
			-	
2		contracts from y (if not indicated 1 above).	Time frame: pastNone	36 months
3		or licenses	None	
4	Consultin	g fees	None	

None

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None			
Ь	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	None			
10	Advisory Board	News			
10	Leadership or fiduciary role in other board, society,	None			
	committee or advocacy group, paid or unpaid				
11	Stock or stock options	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:				
	I HAVE NO CONFLICT OF INTEREST TO DECLARE				

I HAVE NO CONFLICT OF INTEREST TO DECLARE	

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

Date:October 19 ± 2023	
Your Name: _Yi-Ming Shyr_ 1/2 ming Shyr_	
Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023	
Manuscript number (if known):HBSN-23-132	

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		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)
	. De l'experience de la company	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	
di .	建筑的原则是北京的	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	No. of the second secon
4	Consulting fees	None	

sp m ec 6 Pa te	peakers bureaus, nanuscript writing or ducational events ayment for expert	None	
6 Pa	nanuscript writing or ducational events ayment for expert	None	
6 Pa	ducational events ayment for expert	None	
6 Pa	ayment for expert	None	
7 Su		None	
7 St	estimony	»	
	upport for attending	None	
m	neetings and/or travel	None	
	leetings and/or traver		
8 P:		NO.	
5000	atents planned, issued or ending	None	
, p	ending		
9 P:	Participation on a Data Safety Monitoring Board or Advisory Board	None	
		None	
	eadership or fiduciary role	None	
	n other board, society,		
	ommittee or advocacy		
	roup, paid or unpaid		
11 St	tock or stock options	None	
	Receipt of equipment,	None	
	naterials, drugs, medical		
	vriting, gifts or other		
	ervices		
	Other financial or non-	None	
11.	mancial interests		

į	None
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•	

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:_21/10/2023				
Your Name: Shridhar G IYER				
Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023				
Manuscript number (if known):HBSN-23-132				

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		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.	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	

	lectures, presentations, speakers bureaus, manuscript writing or educational events	
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	_ XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ XNone
13	Other financial or non- financial interests	_ XNone
	ease summarize the above co	onflict of interest in the following box:

5 Payment or honoraria for

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

Shridhar Iyer MBBS; MS; FRCS; FAMS; MBA Senior Consultant and Group Head Division of Hepatobiliary and Pancreatic Surgery Co-Director, National University Centre for Organ Transplantation National University Hospital Singapore 119228

Date:20/10/2023			
Your Name:Eli Kakiashvili			
Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023			
Manuscript number (if known):HBSN-23-132			

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

	Daywar and a riba	N		
5	Payment or honoraria for lectures, presentations,	None		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending meetings and/or travel	None		
	meetings and/or traver			
8	Patents planned, issued or	None		
	pending			
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, materials, drugs, medical	None		
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Plea	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:_Oct_21 st , 2023				
our Name: Ho-Seong Han				
Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023				
Manuscript number (if known): HBSN-23-132				

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

5	Payment or honoraria for lectures, presentations,	None	
	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	NOTIC	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
44	group, paid or unpaid	N.	
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		
Plea	se summarize the above co	nflict 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.

Da	te:_19, Oct, 2023					
Your Name:Jae Hoon Lee						
			nes on robotic pancreatic surgery in 2023			
Ma	Manuscript number (if known):HBSN-23-132					
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.			
	e following questions apply inuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>			
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript.			
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other iter	ns,		
		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate	institution)			
		none (add rows as				
		needed)				
		Time frame: Since the initi	al planning of the work			
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: pas	st 36 months			
2	Grants or contracts from	None				
	any entity (if not indicated					
)	in item #1 above). Royalties or licenses	None				
,	noyalties of licelises	INUTIE				

Consulting fees

Payment or honoraria for

_None

None

4

5

6	lectures, presentations, speakers bureaus, manuscript writing or educational events 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	
	ease summarize the above co	onflict of interest in the fo	llowing box:

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

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

form.

Date: 18 th October 2023	
Your Name:_Roland S. Croner	
Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023	
Manuscript number (if known):HBSN-23-132	

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

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

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

Date	e:2023/10/22		
You	r Name:Shin-E	Wang	
Man	nuscript Title: Internat	ional consensus guidelines	on robotic pancreatic surgery in 2023
Man	nuscript number (if known):	HBSN-23-132	
In the relate to trelate the trelate the trelate the trelate to the trelate trelate the trelate trelate the trelate tr	ne interest of transparency, ted to the content of your name ies whose interests may be transparency and does not not ionship/activity/interest, it following questions apply transcript only. author's relationships/activity e epidemiology of hyperterication, even if that medical	we ask you to disclose all reparts of the content of eccessarily indicate a bias. It is preferable that you do so the author's relationship writies/interests should be declare a tion is not mentioned in the port for the work reported	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so. s/activities/interests as they relate to the current efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	time frame for disclosure is	the past 30 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.	None	
2	Crants or contracts from	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	

None

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None				
Ь	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	None				
10	Advisory Board	News				
10	Leadership or fiduciary role in other board, society,	None				
	committee or advocacy group, paid or unpaid					
11	Stock or stock options	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:					
	I HAVE NO CONFLICT OF INTEREST TO DECLARE					

I HAVE NO CONFLICT OF INTEREST TO DECLARE	

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

Date:_20/10/2023	
Your Name:Marco V. Marino	<u>_</u>
Manuscript Title: International c	onsensus guidelines on robotic pancreatic surgery in 2023
Manuscript number (if known):	HBSN-23-132

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	
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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
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7	Support for attending meetings and/or travel	None	
	meetings and/or travel		
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8	Patents planned, issued or	None	
	pending		
_	Double in the control of the	Nama	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Dias	oco cummoriza tha abous sa	nflict of interest in the fel	lowing how
Piea	ase summarize the above co	ntlict of interest in the fol	iowing box:

No conflict of interest currently.		

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

Your Name:	TRUN	PRASHS
Manuscript Title:	International co	onsensus guidelines on robotic pancreatic surgery in 20
Manuscript number (if known):	HBSN-23-132

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

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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)
技術		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	

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
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1	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or	None	
Ū	pending	None	
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		
11	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	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:

No	conflict	of Enterest	

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.

ARM PRAS HO

Date:	_2023-10-18	
Your Name:	Wei Wang	
Manuscript Title	e: International	consensus guidelines on robotic pancreatic surgery in 2023
Manuscript nur	nber (if known):	HBSN-23-132

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>.

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		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	
		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	
9	Participation on a Data 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	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	
	imanciai interests		
	ease summarize the above c	onflict 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: October 19, 2023	1402-12
Your Name: Songging He Songging The	stantid de
Manuscript Title: <u>International consensus guideines on robotic pancreatic surgery in 2023</u>	Mayonges
Manuscript number (if known): HBSN-23-132	

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	et 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,		5. October 19, 2023
	speakers bureaus,		Name: Spreyling He Lawrest 12
	manuscript writing or		entohing avenserios legotiemestri consensus guidelne
	educational events		CET. CC. M2494 dinamon VIII sodimun dolinau
6	Payment for expert	None	
	testimony		
7	Support for attending	None	ted to the content of your manuscript, "Related" mea
	meetings and/or travel	LEPTER SCHOOL STREET SCHOOL ROOM	A STIGNED SHIT WE DETINE SO HELD STEWNSTEL WESTER ON
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			on the part amountain of a factorial damage for the
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	The state of the s
	Safety Monitoring Board or		DR DIGGTIS DISTRACTOR (CONTRACTOR (CONTRACTOR CONTRACTOR)
	Advisory Board	PROFILE STREET,	Strong application of two manages in standard and
10	Leadership or fiduciary role	None	
	in other board, society,		
,21175	committee or advocacy		
	group, paid or unpaid		time from for disclosure is the seat 25 h-oness
11	Stock or stock options	None	
		and them Negotian Phospic	have soldine be gared
12	Receipt of equipment,	None	side good and conto
	materials, drugs, medical	[13] [7] (5], (5] (6)	riscise no qui noticire
	writing, gifts or other		is that day assa.
	services		(malison)
13	Other financial or non-	None	
	financial interests		enckl i fosserij eith voll ricegue til
			grafibetif i g s trading

_	Please summarize the above connict of interest in the following box:	ation of the ord
	anud.	

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

Da	te:2023-10-18			
	ur Name: Keh			
Ma	nuscript Title: Interna	ational consensus guidelin	es on robotic pancreatic surgery in 2023	
relipanto relima	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest, e following questions apply inuscript only.	manuscript. "Related" mee affected by the content of the author's relationship ivities/interests should be ension, you should declare cation is not mentioned in	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	
	· •	• •	ed in this manuscript without time limit. For all other items	s,
	item #1 below, report all su e time frame for disclosure i	• •	Specifications/Comments (e.g., if payments were made to you or to your institution)	s,
	· •	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)	s,
	· •	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	s,
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	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)	s,
	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	s,
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	s,
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	s,
	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	s,
the	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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	s,
11	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. Grants or contracts from any entity (if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: pasNone	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	s,
the	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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	s,

Consulting fees

None

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events Payment for expert	Nene	
6	testimony	None	
	testimony		
7	Support for attending	None	
′	meetings and/or travel	None	
	meetings and/or traver		
0	Detects alonged issued as	Nene	
8	Patents planned, issued or pending	None	
	Pending		
9	Participation on a Data	None	
9	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	
	materials, drugs, medical		
	writing, gifts or other		
40	services		
13	Other financial or non- financial interests	None	
	mancial interests		
PΙ	ease summarize the above c	onflict of interest in the	following box:
	none		

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: 2023/10/17
Your Name: Qu Liu
Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023
Manuscript number (if known): HRSN-23-132

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		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	Time frame: pastNoneNone	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events Payment for expert	Nene	
6	testimony	None	
	testimony		
7	Support for attending	None	
′	meetings and/or travel	None	
	meetings and/or traver		
0	Detects alonged issued as	Nene	
8	Patents planned, issued or pending	None	
	Pending		
9	Participation on a Data	None	
9	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	
	materials, drugs, medical		
	writing, gifts or other		
40	services		
13	Other financial or non- financial interests	None	
	mancial interests		
PΙ	ease summarize the above c	onflict of interest in the	following box:
	none		

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:17th Oct. 2023					
Your Name:Zizheng Wang					
Manuscript Title:International consensus statement on robotic pancreatic surgery in 2023					
/lanuscript number (if known):HBSN-23-132					

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		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	Time frame: pastNoneNone	36 months
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None			
	speakers bureaus, manuscript writing or educational events				
6	Payment for expert testimony	None			
	·				
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	None			
	pending	None			
9	Participation on a Data	None			
	Safety Monitoring Board or				
10	Advisory Board	Nene			
10	Leadership or fiduciary role in other board, society,	None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
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12	Receipt of equipment, 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	llowing box:		
Ple	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.

Zizheng Wong

Date: 2023/10/17	
Your Name: Mengyang	Li

Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023

Manuscript number (if known):_____ HBSN-23-132_____

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		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) 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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
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	
9	Participation on a Data 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	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	
	imanciai interests		
	ease summarize the above c	onflict 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:202	-10-17
Your Name:	Shuai Xu
Manuscript Title	International consensus guidelines on robotic pancreatic surgery in 2023
Manuscript nun	er (if known): HBSN-23-132

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

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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		
	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		

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

The author reported no conflicts of interest to declare.		

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.

Da	te:2023.10.17	7				
Yo	ur Name:kongyuan we					
	Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023					
Ma	anuscript number (if known)): HBSN-23-13	32			
rel pa to rel Th	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so. ps/activities/interests as they relate to the current			
ma	anuscript only.					
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		Name all entities with	Specifications/Comments			
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)			
		Time frame: Since the initial	l planning of the work			
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					
2	in item #1 above).	News				
3	Royalties or licenses	None				
4	Consulting fees	None				

5

Payment or honoraria for

None

lectures, presentations,

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

Date: October-18 2023					
YourName: ZhaodaDeng					
Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023					
Manuscript number (if known): HBSN-23-132					

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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	None			
6	educational events 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			
.2	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					
Ple	ease place an "X" next to the I certify that I have answe form.		dicate your agreement: ve not altered the wording of any of the questions on		

Date:	_2023-10-17				
Your Name	:	Jia Yuze			
Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023					
Manuscript	t number (if known): HE	3SN-23-132			

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		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	
		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				
_	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			
11	Stock of 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	Please summarize the above conflict of interest in the following box:				
_					
	None				

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: 18-10-2023

Your Name: Tess M E van Ramshorst

Manuscript Title: International consensus guidelines on robotic pancreatic surgery in 2023

Manuscript number (if known): HBSN-23-132

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		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		
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
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 c	onflict of interest in the fo	llowing box:
	none		

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