

ICMJE DISCLOSURE FORM

Date: April 27th/2021

Your Name: M. Juanita Rodriguez

Manuscript Title: Treatment Burden of Robotic gastrectomy for Locally advanced Gastric Cancer (LAGC): A single Western Experience

Manuscript number (if known): ATM-21-1054-R1

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.

The author's relationships/activities/interests should be defined broadly. 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, 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 type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input 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:

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: April 27th/2021

Your Name: Ana Sofia Ore

Manuscript Title: Treatment Burden of Robotic gastrectomy for Locally advanced Gastric Cancer (LAGC): A single Western Experience

Manuscript number (if known): ATM-21-1054-R1

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ICMJE DISCLOSURE FORM

Date: April 27th/2021

Your Name: Khoschy Schawkat

Manuscript Title: Treatment Burden of Robotic gastrectomy for Locally advanced Gastric Cancer (LAGC): A single Western Experience

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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.	Swiss National Science Foundation	Grant number: 181917
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	

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

My work in this project was supported by the Swiss National Science Foundation grant number: 181917.

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: April 27th/2021

Your Name: Kevin Kennedy

Manuscript Title: Treatment Burden of Robotic gastrectomy for Locally advanced Gastric Cancer (LAGC): A single Western Experience

Manuscript number (if known): ATM-21-1054-R1

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ICMJE DISCLOSURE FORM

Date: April 27th/2021

Your Name: Andrea Bullock

Manuscript Title: Treatment Burden of Robotic gastrectomy for Locally advanced Gastric Cancer (LAGC): A single Western Experience

Manuscript number (if known): ATM-21-1054-R1

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ICMJE DISCLOSURE FORM

Date: April 27th/2021

Your Name: Douglas K. Pleskow

Manuscript Title: Treatment Burden of Robotic gastrectomy for Locally advanced Gastric Cancer (LAGC): A single Western Experience

Manuscript number (if known): ATM-21-1054-R1

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7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: April 27th/2021

Your Name: Jonathan Critchlow

Manuscript Title: Treatment Burden of Robotic gastrectomy for Locally advanced Gastric Cancer (LAGC): A single Western Experience

Manuscript number (if known): ATM-21-1054-R1

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Date: April 27th/2021

Your Name: A. James Moser

Manuscript Title: Treatment Burden of Robotic gastrectomy for Locally advanced Gastric Cancer (LAGC): A single Western Experience

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		John Fortney Charitable Pancreatic Cancer Research Group	Non-profit organization
Time frame: past 36 months			
2		Intuitive Surgical® Clinical Research Grant of 2020	The Intuitive Clinical Grant Program stipulated a budget expenditure of \$59,936.00 with 20% of indirect costs,

	Grants or contracts from any entity (if not indicated in item #1 above).		\$9,989.00 given to Beth Israel Deaconess Medical Center.
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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This work was supported by Intuitive Surgical® Clinical Research Grant of 2020 and the John Fortney Charitable Pancreatic Cancer Research Group which is a non-profit organization.

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