## ICMJE DISCLOSURE FORM

Date:28 <sup>th</sup> May, 2023	
Your Name:Masaki Nakamura	
Manuscript Title:Editorial comment to Multi-institutional Feasibility and Safety Outcomes of Retroperitoneal Robot-a	ssisted
Partial Nephrectomy in Morbidly Obese Patients	
Manuscript number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <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.

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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				
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or licenses	None				
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5	Payment or honoraria for	None	
	lectures, presentations,		
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	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
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8	Patents planned, issued or	None	
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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	
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12	Services	Nege	
13	Other financial or non- financial interests	None	
	illianciai interests		

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.