

#### **Instructions**

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Guerra 1



| Section 1. Ide  | ntifying Information  |  |  |  |
|---|---|--|--|--|
| 1. Given Name (First Nar<br>Francesco   | ne) 2. Surname (Last Nai<br>Guerra  | me) 3. Date 05-July-2020   |  |  |
| 4. Are you the correspon  | nding author?   |  |  |  |
| 5. Manuscript Title<br>Pancreatic morbidity f   | ollowing minimally invasive radical ga  | astrectomy   |  |  |
| 6. Manuscript Identifying   | g Number (if you know it)   |  |  |  |
|   |   |  |  |  |
| Section 2. The  | Work Under Consideration for P  | Publication  |  |  |
| Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  No |   |  |  |  |
| Section 3. Rele   | evant financial activities outside  | the submitted work.  |  |  |
| Place a check in the ap<br>of compensation) with  | propriate boxes in the table to indicat<br>entities as described in the instructio<br>ox. You should report relationships tha | te whether you have financial relationships (regardless of amount ons. Use one line for each entity; add as many lines as you need by at were <b>present during the 36 months prior to publication</b> .  No |  |  |
| Section 4. Inte   | llectual Property Patents & Co  | pyrights   |  |  |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo   |   |  |  |  |

Guerra 2



| Section 5. Relationships not covered above   |
|--|
| Relationships not covered above  |
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| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.  |
| Dr. Guerra has nothing to disclose.  |

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Guerra 3



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**koyaities:** Funds are coming in to you or your institution due to your patent

Rabuini 1



| Section 1.   | Identifying Inform                                    | nation  |  |  |
|--|---|---|--|--|
| 1. Given Name (First Name)<br>Claudio  |   | 2. Surname (Last Name)<br>Rabuini   | 3. Date<br>05-July-2020  |  |
| 4. Are you the corresponding author?   |   | ☐ Yes ✓ No  | Corresponding Author's Name<br>Guerra F  |  |
| 5. Manuscript Title<br>Pancreatic morb   |   | lly invasive radical gastrec  | tomy   |  |
| 6. Manuscript Ide  | ntifying Number (if you kr                            | now it)   |  |  |
|  |   |   |  |  |
| Section 2.   | The Work Under Co                                     | onsideration for Public   | cation   |  |
| Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  Yes |   |   |  |  |
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| of compensation clicking the "Add  | the appropriate boxes i<br>n) with entities as descri | in the table to indicate wh<br>ibed in the instructions. Us<br>port relationships that we | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. |  |
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Rabuini 2



| Section 5.  |   |  |  |  |
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| ✓ No other rela   | ✓ No other relationships/conditions/circumstances that present a potential conflict of interest   |  |  |  |
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| Dr. Rabuini has r   | nothing to disclose.  |  |  |  |

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patent

Cuticone 1



| Section 1.  | Identifying Inform         | nation  |  |  |
|---|----------------------------|---|--|--|
| 1. Given Name (First Name)<br>Giuseppe  |                            | Surname (Last Name)     Cuticone                            | 3. Date<br>05-July-2020  |  |
| 4. Are you the corresponding author?  |                            | Yes 🗸 No  | Corresponding Author's Name<br>Guerra F  |  |
| 5. Manuscript Title<br>Pancreatic morb  |                            | lly invasive radical gastrec                                | tomy   |  |
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|   |                            |   | _  |  |
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Cuticone 2



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Eugeni 1



| Section 1.  | Identifying Inform         | nation  |   |   |
|---|----------------------------|---|---|---|
| 1. Given Name (First Name)<br>Emilio  |                            | 2. Surname (Last Name)<br>Eugeni                          |   | 3. Date<br>05-July-2020   |
| 4. Are you the corresponding author?  |                            | ☐ Yes ✓ No  | Corresponding Author's Name<br>Guerra F |   |
| 5. Manuscript Title<br>Pancreatic morb  |                            | lly invasive radical gastred                              | tomy                                    |   |
| 6. Manuscript Ider  | ntifying Number (if you kr | now it)   |   |   |
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Eugeni 2



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Patriti 1



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|---|----------------------------|--|---|---|
| 1. Given Name (First Name)<br>Alberto   |                            | 2. Surname (Last Name)<br>Patriti                          |   | 3. Date<br>05-July-2020   |
| 4. Are you the corresponding author?  |                            | Yes ✓ No   | Corresponding Author's Name<br>Guerra F |   |
| 5. Manuscript Title<br>Pancreatic morb  |                            | lly invasive radical gastrec                               | tomy                                    |   |
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| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest   |  |  |  |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement On occasion, journals may ask authors to disclose further information about reported relationships. |  |  |  |
| Section 6. Disclosure Statement   |  |  |  |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.   |  |  |  |
| Dr. Patriti has nothing to disclose.  |  |  |  |

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