ICMJE DISCLOSURE FORM

Date: May 2nd, 2022 Your Name: Eckhard Löhde Manuscript Title: _{Clinica}

Clinical results of a prospective uncontrolled single-arm study of 1351 patients with hiatal hernia over a period of 10 years operated on exclusively with hiatus DeltaMesh reconstruction.

Manuscript number (if known): LS-22-1

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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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) Time frame: Since the initia	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.	FEG Textiltechnik, Forschungs- und Entwicklungsgesellschaft mbH, Aachen, Germany.	FEG provided support in statistics work-up and graphic design for this paper only.	
	Time frame: past 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	
5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	FEG Textiltechnik,	No payments, no funding, no provision, no medical
	pending	Forschungs- und Entwicklungsgesellschaft	writing, no article processing charges, no other conflicts or financial ties.
		mbH, Aachen, Germany,	
		and Eckhard Löhde	
		(inventor) hold a patent	
		Global Patent Index EP	
		2848230 B1 for the	
		DeltaMesh.	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

The author Eckhard Löhde (inventor) and FEG Textiltechnik, Forschungs- und Entwicklungsgesellschaft mbH, Aachen, Germany, hold a patent with a patent Global Patent Index EP 2848230 B1 for the DeltaMesh. FEG provided support in statistics work-up and graphic design for this paper only.

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: May. 2nd, 2022 Your Name: Florian Thomas Manuscript Title: Clinic:

e: Clinical results of a prospective uncontrolled single-arm study of 1351 patients with hiatal hernia over a period of 10 years operated on exclusively with hiatus DeltaMesh reconstruction.

Manuscript number (if known): LS-22-1

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	Time frame: past 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	
5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
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6	Payment for expert	XNone	
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

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.