

## ICMJE DISCLOSURE FORM

Date: 16/8/21

Your Name: Krishna Kotecha

Manuscript Title: The robotic central pancreatectomy: surgical technique, and literature review

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  X  None  </u>	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  None  </u>	
3	Royalties or licenses	<u>  X  None  </u>	
4	Consulting fees	<u>  X  None  </u>	
5	Payment or honoraria for	<u>  X  None  </u>	

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

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

Dr Kotecha has no conflicts of interest to declare.
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**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: 16/8/21

Your Name: Advait Pandya

Manuscript Title: The robotic central pancreatectomy: surgical technique, and literature review

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X <u>None</u>	
3	Royalties or licenses	X <u>None</u>	
4	Consulting fees	X <u>None</u>	
5	Payment or honoraria for	X <u>None</u>	

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

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

Mr Pandya has 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.**

## ICMJE DISCLOSURE FORM

Date: 16/8/21

Your Name: Ramesh Damodaran Prabha

Manuscript Title: The robotic central pancreatectomy: surgical technique, and literature review

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.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  None  </u>	
3	Royalties or licenses	<u>  X  None  </u>	
4	Consulting fees	<u>  X  None  </u>	
5	Payment or honoraria for	<u>  X  None  </u>	

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

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

Dr Ramesh Damodaran Prabha has 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.

## ICMJE DISCLOSURE FORM

Date: 16/8/21

Your Name: Rudra Maitra

Manuscript Title: The robotic central pancreatectomy: surgical technique, and literature review

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  None  </u>	
3	Royalties or licenses	<u>  X  None  </u>	
4	Consulting fees	<u>  X  None  </u>	
5	Payment or honoraria for	<u>  X  None  </u>	

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

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

Dr Rudra Maitra has no conflicts of interest to declare.
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**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: 16/8/21

Your Name: Anubhav Mittal

Manuscript Title: The robotic central pancreatectomy: surgical technique, and literature review

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.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X <u>None</u>	
3	Royalties or licenses	X <u>None</u>	
4	Consulting fees	X <u>None</u>	
5	Payment or honoraria for	X <u>None</u>	

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

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

Dr Anubhav Mittal has 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.**

## ICMJE DISCLOSURE FORM

Date: 24/8/21

Your Name: Jaswinder Samra

Manuscript Title: The robotic central pancreatectomy: surgical technique, and literature review

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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 checked="" type="checkbox"/> None	
5	Payment or honoraria for	<input checked="" type="checkbox"/> None	

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

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

Dr Jaswinder Samra has no conflicts of interest to declare.

**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.