ICMJE DISCLOSURE FORM

| Date: | 9/28/2021 | | |
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| Your Name: | Thomas B Russell | | |
| Manuscript Title: | Drain and nasogastric tube use following pancreaticoduodenectomy: A narrative review. | | |
| Manuscript Number (if known): | N/A | | |
| content of your manuscript. "Rela affected by the content of the ma | 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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| 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 | | | |

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.

that medication is not mentioned in the manuscript.

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| | | Time frame: Since the initial planning | of the work |
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| | | Time frame: past 36 month | s |
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| 3 | Royalties or licenses | None ■ | |
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
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| | society, committee or advocacy group, | | | |
| | paid or unpaid | | | |
| 11 | Stock or stock options | \boxtimes | None | |
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| 12 | Pagaint of | \boxtimes | None | |
| 12 | Receipt of equipment, | | None | |
| | materials, drugs, medical writing, | | | |
| | gifts or other | | | |
| | services | | | |
| 13 | Other financial or non-financial | \boxtimes | None | |
| | interests | | | |
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