

ICMJE DISCLOSURE FORM

Date: July. 20th, 2023

Your Name: Rafael Cauê Katayama

Manuscript Title: Post-Operative Gastroesophageal Reflux Disease after One Anastomosis Gastric Bypass, a narrative review of the literature.

Manuscript number (if known): ID: AOE-23-11-CL

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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		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)
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.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

None.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: July. 20th, 2023

Your Name: Fernando Augusto Mardiros Herbella

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Date: July. 20th, 2023

Your Name: Marco Patti

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Date: July. 20th, 2023

Your Name: Carlos Haruo Arasaki

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Your Name: Ana Clara de Grande

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