

## ICMJE DISCLOSURE FORM

Date: February 16, 2022

Your Name: Takuya Koike

Manuscript Title: Efficacy of hand-assisted laparoscopic surgery (HALS) in elderly patients (≥80 years) with primary colorectal cancer

Manuscript number (if known): JGO-21-838-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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13	Other financial or non-financial interests	<u>      </u> None	

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

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**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: February 16, 2022

Your Name: Masaya Mukai

Manuscript Title: Efficacy of hand-assisted laparoscopic surgery (HALS) in elderly patients (≥80 years) with primary colorectal cancer

Manuscript number (if known): JGO-21-838-CL

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## ICMJE DISCLOSURE FORM

Date: February 16, 2022

Your Name: Rin Abe

Manuscript Title: Efficacy of hand-assisted laparoscopic surgery (HALS) in elderly patients (≥80 years) with primary colorectal cancer

Manuscript number (if known): JGO-21-838-CL

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## ICMJE DISCLOSURE FORM

Date: February 16, 2022

Your Name: Yutaro Kamei

Manuscript Title: Efficacy of hand-assisted laparoscopic surgery (HALS) in elderly patients (≥80 years) with primary colorectal cancer

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## ICMJE DISCLOSURE FORM

Date: February 16, 2022

Your Name: Daiki Yokoyama

Manuscript Title: Efficacy of hand-assisted laparoscopic surgery (HALS) in elderly patients (≥80 years) with primary colorectal cancer

Manuscript number (if known): JGO-21-838-CL

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## ICMJE DISCLOSURE FORM

Date: February 16, 2022

Your Name: Suji Uda

Manuscript Title: Efficacy of hand-assisted laparoscopic surgery (HALS) in elderly patients (≥80 years) with primary colorectal cancer

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Date: February 16, 2022

Your Name: Sigeo Higami

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## ICMJE DISCLOSURE FORM

Date: February 16, 2022

Your Name: Sayuri Hasegawa

Manuscript Title: Efficacy of hand-assisted laparoscopic surgery (HALS) in elderly patients (≥80 years) with primary colorectal cancer

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## ICMJE DISCLOSURE FORM

Date: February 16, 2022

Your Name: Tomiki Nakamura

Manuscript Title: Efficacy of hand-assisted laparoscopic surgery (HALS) in elderly patients (≥80 years) with primary colorectal cancer

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Date: February 16, 2022

Your Name: Takayuki Tajima

Manuscript Title: Efficacy of hand-assisted laparoscopic surgery (HALS) in elderly patients (≥80 years) with primary colorectal cancer

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Date: February 16, 2022

Your Name: Eiji Nomura

Manuscript Title: Efficacy of hand-assisted laparoscopic surgery (HALS) in elderly patients (≥80 years) with primary colorectal cancer

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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## ICMJE DISCLOSURE FORM

Date: February 16, 2022

Your Name: Hirovasu Makuuchi

Manuscript Title: Efficacy of hand-assisted laparoscopic surgery (HALS) in elderly patients (≥80 years) with primary colorectal cancer

Manuscript number (if known): JGO-21-838-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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>      </u> None	
6	Payment for expert testimony	<u>      </u> None	
7	Support for attending meetings and/or travel	<u>      </u> None	
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13	Other financial or non-financial interests	<u>      </u> None	

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