Da	te:5/12/2023				
Ma of Ma	ur Name:Mohamed R Alyanuscript Title: Minimally Invasive Repair of Pectus Excavatum in Adults: A review article presentation, workup, and surgical treatmentanuscript number (if known):JTD-23-				
tha	the interest of transparency, we ask you to disclose all relationships/activities/interests listed below at are ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit rd				
pa co to	rties whose interests may be affected by the content of the manuscript. Disclosure represents a mmitment transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ationship/activity/interest, it is preferable that you do so.				
Th cu	The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.				
Th pe to	e author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript rtains the epidemiology of hypertension, you should declare all relationships with manufacturers of tihypertensive medication, even if that medication is not mentioned in the manuscript.				
oth	item #1 below, report all support for the work reported in this manuscript without time limit. For all ner items, at time frame for disclosure is the past 36 months.				
	Name all entities with whom you have this relationship or indicate rela				

whom you have this relationship or indicate none (add rows as needed)

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.

| Whom you have this relationship or indicate institution (e.g., if payments were made to you or to your institution)

| Lance | La

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

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.			

Da	ate:5/12/2023_				
Ma of Ma	Your Name:Juan M Farina Manuscript Title: Minimally Invasive Repair of Pectus Excavatum in Adults: A review article of presentation, workup, and surgical treatment Manuscript number (if known):JTD-23-				
87					
tha rel	at are lated to the content of yo		lose all relationships/activities/interests listed be all means any relation with for-profit or not-for-		
thi pa		ay be affected by the co	ntent of the manuscript. Disclosure represents	а	
to	mmitment transparency and does ationship/activity/intere		a bias. If you are in doubt about whether to lis ou do so.	t a	
<u>cu</u>	e following questions ap <u>rrent</u> anuscript <u>only</u> .	oply to the author's rela	tionships/activities/interests as they relate to th	ie	
Th	e author's relationships	/activities/interests sho	uld be <u>defined broadly</u> . For example, if your ma	nuscript	
to			eclare all relationships with manufacturers of on is not mentioned in the manuscript.		
otl	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)		
	T	ime frame: Since the initia	l planning of the work		
1	All support for the present manuscript (e.g.,	_XNone			

funding, provision of

charges, etc.)

study materials, medical writing, article processing

	No time limit for this item.		T: 6	
2	Grants or contracts from	Х	Time frame: past	36 Months
_	any entity (if not indicated	_^	None	
	in item #1 above).			
3	Royalties or licenses	Х	None	
	Ť			
4	Consulting fees	_X	None	
_	D			
5	Payment or honoraria for lectures, presentations,	XI	None	
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_XI	None	
	testimony			
7	Support for attending	X	None	
·	meetings and/or travel	-^	None	
	go aa, o. maro.			
8	Patents planned, issued or pending	_X	None	
	or pending			
9	Participation on a Data	Х	None	
	Safety Monitoring Board	_^	NOTIC	
	or Advisory Board			
10	Leadership or fiduciary	_X	None	
	role in other board,			
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options	Х	None	
	·	'		
12	Receipt of equipment,	_X	None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	_X	None	
	financial interests			

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

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.

Da	ate:5/12/2023				
	our Name:Michael Motros				
Ma of Ma	Manuscript Title: Minimally Invasive Repair of Pectus Excavatum in Adults: A review article of presentation, workup, and surgical treatment Manuscript number (if known):JTD-23- 87				
	the interest of transparen at are	icy, we ask you to disc	lose all relationships/activities/interests listed l	below	
	lated to the content of you ird	ur manuscript. "Relate	d" means any relation with for-profit or not-for-	profit	
ра		y be affected by the co	ntent of the manuscript. Disclosure represents	a	
	transparency and does no lationship/activity/interest	_	a bias. If you are in doubt about whether to lis ou do so.	t a	
<u>cu</u>	ne following questions app urrent anuscript only.	oly to the author's relat	ionships/activities/interests as they relate to th	ie	
	ne author's relationships/a ertains	activities/interests sho	uld be <u>defined broadly</u> . For example, if your ma	nuscript	
to	the epidemiology of hype		eclare all relationships with manufacturers of on is not mentioned in the manuscript.		
otł	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	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		none (add rows as needed)			
		ne frame: Since the initial	planning of the work		
		_XNone			

	writing, article processing charges, etc.)		
	No time limit for this		
	item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	_XNone	
-	D		
5	Payment or honoraria for lectures, presentations,	_XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
	Datastastastastas		
8	Patents planned, issued	_XNone	
	or pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board	_XNone	
	or Advisory Board		
10	Leadership or fiduciary	X None	
	role 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:

F	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.	е

Da	ite:	_5/12/2023_			
	ur Name: roszsewski_				
Ma	anuscript Titl	e: Mini	-	of Pectus Excavatum in Adults: A review nt	article
		•	wn):JTD-23-		
	the interest o	of transpare	ncy, we ask you to disc	lose all relationships/activities/interests listed	d below
rel thi		ontent of yo	our manuscript. "Relate	d" means any relation with for-profit or not-fo	r-profit
	rties whose i mmitment	interests ma	ay be affected by the co	ntent of the manuscript. Disclosure represent	s a
	•	•	not necessarily indicate st, it is preferable that y	a bias. If you are in doubt about whether to I ou do so.	ist a
<u>cu</u>	e following c <u>rrent</u> anuscript <u>onl</u>		oply to the author's rela	ionships/activities/interests as they relate to	the
		elationships/	activities/interests sho	uld be <u>defined</u> <u>broadly</u> . For example, if your m	anuscript
to	•		_	eclare all relationships with manufacturers of on is not mentioned in the manuscript.	
oth	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)	
		Ti	me frame: Since the initia	planning of the work	1
1	All support fo present manu funding, provi	ıscript (e.g.,	_XNone		

	study materials, medical writing, article processing charges, etc.) No time limit for this		
	item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	Zimmer Biomet, Inc	Payable to Mayo Clinic Ventures and Dawn Jaroszewski jointly
4	Consulting fees	_XNone	
_			
5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	-		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued	Zimmer BioMet Inc	Payable to Mayo Clinic Ventures and Dawn
	or pending		Jaroszewski jointly
9	Participation on a Data	X_None	
	Safety Monitoring Board		
4.0	or Advisory Board		
10	Leadership or fiduciary	X_None	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	X None	
	•		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

Please summarize the above conflict of interest in the following box:	
I am involved in development projects and intellectual property with ZimmerBiomet thru Mayo Clinic Ventures. One project includes the newer Pectus Blue implant pectus repair kit which was developed is used at Mayo Clinic for repair of the pectus patients.	and
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.