

Instructions

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Royalties: Funds are coming in to you or your institution due to your

Cai 1



| Section 1. | Identifying Inform | ation | | |
|---|----------------------------|-------------------------------|---|------------------------|
| 1. Given Name (Fii Yunqiang | rst Name) | 2. Surname (Last Name) Cai | | 3. Date 11-May-2018 |
| 4. Are you the cor | responding author? | ☐ Yes ✓ No | Corresponding Author's Nam Bing Peng | ne |
| 5. Manuscript Title It is feasible to pe | | ncreaticoduodenectomy f | for patients with prior abdom | ninal operation |
| 6. Manuscript Ider | ntifying Number (if you kn | ow it) | | |
| | | | _ | |
| Section 2. | The Work Under Co | onsideration for Public | cation | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No | | | | |
| Section 3. | | | | |
| Section 5. | Relevant financial | activities outside the s | submitted work. | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . | | | | |
| Are there any rele | evant conflicts of intere | est? Yes ✓ No | | |
| | | | | |
| Section 4. | Intellectual Proper | ty Patents & Copyri | ghts | |
| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? | ☐ Yes ✓ No |

Cai 2



| Section 5. Polationships not severed above |
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| Section 6. Disclosure Statement |
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| Dr. Cai has nothing to disclose. |

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| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Nan Bing Peng | ne |
| 5. Manuscript Title It is feasible to pe | | ncreaticoduodenectomy | for patients with prior abdor | minal operation |
| 6. Manuscript Ider | ntifying Number (if you kr | now it) | | |
| | | | _ | |
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|---|--------------------------------|---|--|--|
| 1. Given Name (First Name) Xin | 2. Surname (Last Name) Wang | 3. Date 11-May-2018 | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Bing Peng | | |
| 5. Manuscript Title It is feasible to perform laparoscopic p | ancreaticoduodenectomy | for patients with prior abdominal operation | | |
| 6. Manuscript Identifying Number (if you k | now it) | | | |
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Li 1



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| 1. Given Name (Fir Yongbin | st Name) | 2. Surname (Last Name) Li | | . Date 1-May-2018 |
| 4. Are you the cor | 4. Are you the corresponding author? | | Corresponding Author's Name Bing Peng | |
| 5. Manuscript Title It is feasible to pe | | ncreaticoduodenectomy 1 | for patients with prior abdomi | inal operation |
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Li 2



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Gao 1



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| 4. Are you the corresponding author? | | ☐ Yes ✓ No | Corresponding Author's Name | e |
| 5. Manuscript Title It is feasible to per | rform laparoscopic pa | ncreaticoduodenectomy | for patients with prior abdom | ninal operation |
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Gao 2



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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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| Section 1. Identifying Inform | nation | | | |
|---|--|------------------------|--|--|
| 1. Given Name (First Name) Bing | 2. Surname (Last Name) Peng | 3. Date 11-May-2018 | | |
| 4. Are you the corresponding author? | ✓ Yes No | | | |
| 5. Manuscript Title It is feasible to perform laparoscopic pa | ancreaticoduodenectomy for patients with prior abdo | ominal operation | | |
| 6. Manuscript Identifying Number (if you k | now it) | | | |
| | | | | |
| Section 2. The Work Under C | onsideration for Publication | | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? | | | | |
| Are there any relevant conflicts of interest | est? ☐ Yes ✓ No | | | |
| | | | | |
| Section 3. Relevant financial | activities outside the submitted work. | | | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . | | | | |
| Are there any relevant conflicts of interest? Yes V No | | | | |
| | | | | |
| Section 4. Intellectual Prope | rty Patents & Copyrights | | | |
| Do you have any patents, whether plan | ned, pending or issued, broadly relevant to the work | ? ☐ Yes ✓ No | | |

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| Section 5. | | |
|--|---|--|
| Section 5. | Relationships not covered above | |
| | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? | |
| Yes, the follo | wing relationships/conditions/circumstances are present (explain below): | |
| ✓ No other rela | tionships/conditions/circumstances that present a potential conflict of interest | |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. | | |
| Section 6. | Disclosure Statement | |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box | |
| Dr. Peng has no | thing to disclose. | |

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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