Date: April 17 <sup>th</sup> , 2025	
Your Name:Jenny Bui	
Manuscript Title: "The Role of Extended Reality in Enhancing Surgical Training: A Review"	
Manuscript number (if known): CCTS-24-43-R1	

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
,	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	Name	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fo	ollowing box:

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

Date: April 15, 2025			
Varia Nama: Dolongo ee			<del> </del>
Manuscript Title: The Role of Extended Reality in Enhancing.	Surgical	rouning.	A Kevieu
Manuscript number (if known): CCTS -24-43-R1		10	

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		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Doctor's Company Fo	undation Grant University of Michigan Grant
3	Royalties or licenses	<u>✓</u> None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	The Committee of the Co
	testimony		
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7	Support for attending meetings and/or travel	None	The first transferring transfer making subtract as a first transfer of
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8	Patents planned, issued or	√None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		anger i de en
10	Leadership or fiduciary role	None	THE TOTAL STATE OF ST
	in other board, society,		
	committee or advocacy group, paid or unpaid	a in the fact of the same of the same of	en oranga grapholistic Problem No. Potent consent action
11	Stock or stock options	None	
12	Receipt of equipment,	<u>√</u> None	
	materials, drugs, medical	Barrier That was a man	
	writing, gifts or other services		
13	Other financial or non-	None	
1	financial interests	The second second	

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

The grant from the Doctor's Company Foundation is completed (February 2022 to February 2024). This was a \$200,000 grant to develop contractine training to medical and nursing schools. This grant was helpful to inform the current manuscript.

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.

Date:_April 17 <sup>th</sup> , 2025
Your Name:Sarah Murthi
Manuscript Title: "The Role of Extended Reality in Enhancing Surgical Training: A Review"
Manuscript number (if known): CCTS-24-43-R1

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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

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

Date:	_4/16/2025
Your Name:_	Taylor Kantor
Manuscript T	itle: The Role of Extended Reality in Enhancing Surgical Training: A Review
Manuscript n	number (if known): CCTS-24-43-R1

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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Comment for attending	V None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	ease summarize the above c	onflict of interest in the	following box:

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

Date:April 16, 2025
Your Name:_Candice Stegink
Manuscript Title: "The Role of Extended Reality in Enhancing Surgical Training: A Review"
Manuscript number (if known):

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		Time frame: Since the initial	planning of the work
1	All support for the present	xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_xNone	
4	Consulting fees	x_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x_None	
6	Payment for expert testimony	x_None	
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	x_None	
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	x_None	
	ease summarize the above o	onflict of interest in the f	ollowing box:

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

Date:April	16, 2025
Your Name:	Rishindra M. Reddy
Manuscript Title:	The Role of Extended Reality in Enhancing Surgical Training: A Review
Manuscript number	(if known): CCTS-24-43-R1

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Atricure On Target Labs	Institution Institution
3	Royalties or licenses	None	
4	Consulting fees	Trinity Health Intuitive Surgical	Institution Institution

5	Payment or honoraria for	BMA	Person
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
5	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
3	Patents planned, issued or	None	
	pending		
	Participation on a Data	Genentech	Parcan
	Participation on a Data Safety Monitoring Board or	Astra Zeneca	Person Person
	Advisory Board	Metronic	Person
.0	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
.1	Stock or stock options	None	
_	Descipt of anythment	Nava	
2	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
.3	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in th	he following box:
Ple	ase place an "X" next to the	e following statement	to indicate your agreement:
		ered every question an	nd have not altered the wording of any of the questions on
	form.		