ICMJE DISCLOSURE FORM

Date:	7/5/2023
Your Name:	David Cohen
Manuscript Title:	Restorative pouch surgery following proctocolectomy for inflammatory bowel disease: past
experience and for	uture direction
Manuscript numb	per (if known): TGH-23-28

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.

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

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

ICMJE DISCLOSURE FORM

Date:	7/5/2023
Your Name:	Caitlin Silvestri
Manuscript Ti	tle: Restorative pouch surgery following proctocolectomy for inflammatory bowel disease: past
experience ar	nd future direction
Manuscrint n	umber (if known): TGH-23-28

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	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	
	testimony		
7	Support for attending	None	
7	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	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
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	
13	financial interests		
			,
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ICMJE DISCLOSURE FORM

Date:	7/6/2023
Your Name	e:_David M. Schwartzberg
Manuscrip	t Title: Restorative pouch surgery following proctocolectomy for inflammatory bowel disease: past
experience	e and future direction
Manuscrip	t number (if known): TGH-23-28

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

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 meetings and/or travel	_xNone	
8	Patents planned, issued or	x_None	
	pending		
0	Dankisia skia u su a Daka	Nana	
9	Participation on a Data Safety Monitoring Board or	_xNone	
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
40			
12	Receipt of equipment, materials, drugs, medical	x_None	
	writing, gifts or other		
	services		
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