

ICMJE DISCLOSURE FORM

Date: 1-1-2022
 Your Name: Dr. Renee Levesque
 Manuscript Title: Gastropexy – A Narrative Review
 Manuscript number (if known): VATS-2021-PHHR-06 (VATS-21-40)

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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

Please place an "X" next to the following statement to indicate your agreement:

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: 1-1-2022
 Your Name: Dr. Evan Alicuben
 Manuscript Title: Gastropexy – A Narrative Review
 Manuscript number (if known): VATS-2021-PHHR-06 (VATS-21-40)

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Time frame: past 36 months			
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3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> x <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> x <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> x <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> x <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> x <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> x <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> x <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> x <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> x <input type="checkbox"/> None	

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None.

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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: 1-1-2022
 Your Name: Dr. Chigozirim Ekeke
 Manuscript Title: Gastropexy – A Narrative Review
 Manuscript number (if known): VATS-2021-PHHR-06 (VATS-21-40)

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Time frame: past 36 months			
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3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

I have no financial interests or conflicts of interest regarding this manuscript.

Please place an "X" next to the following statement to indicate your agreement:

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: Aug.5, 2022

Your Name: James D. Luketich

Manuscript Title: Use of Gastropexy for Paraesophageal Hernias – A Narrative Review

Manuscript number (if known): VATS-21-40 (VATS-2021-PHHR-06)

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The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> Medtronic	Me

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> Covidien (speaker)	Me
6	Payment for expert testimony	<input type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> United Therapeutics Cigna Intuitive Surgical, Inc Smith & Nephew	Me Me Me Me
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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

Dr. Luketich received consulting fees from Medtronic and honoraria from Covidien. He owns stock in United Therapeutics, Cigna, Intuitive Surgical, Inc., and Smith & Nephew.

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: Aug.5, 2022

Your Name: Inderpal S. Sarkaria

Manuscript Title: Use of Gastropexy for Paraesophageal Hernias – A Narrative Review

Manuscript number (if known): VATS-21-40 (VATS-2021-PHHR-06)

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3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/>	
		CMR	Me
		Auris	Me
		Intuitive Surgical	Me

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
		Intuitive Surgical	Me
		Boston Scientific	Me
		VTI	Me
6	Payment for expert testimony	<input type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/>	
		On Target Laboratories	Data Safety Monitoring Board for Phase 3 trial
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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

Dr. Sarkaria received consulting fees from CMR, Auris, and Intuitive Surgical. He received honoraria from Intuitive Surgical, Boston Scientific, and VTI. He on DSMB for On Target Laboratories Phase 3 trial.

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.