

# ICMJE DISCLOSURE FORM

Date: 9/21/22

Your Name: Samuel Miller

Manuscript Title: Postoperative delirium in older adults: A surgeon's guide and clinical practice review

Manuscript number (if known): VATS-22-23 (VATS-2022-OA-02)

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.

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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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for	<input checked="" type="checkbox"/> None	

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

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# ICMJE DISCLOSURE FORM

Date: 9/21/22

Your Name: Kimberly Glerum

Manuscript Title: Postoperative delirium in older adults: A surgeon's guide and clinical practice review

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# ICMJE DISCLOSURE FORM

09/22/2022 | 12:19 PM EDT

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Rich Jones \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Postoperative delirium in older adults: A surgeon's guide \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_ VATS-22-23 \_\_\_\_\_

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# ICMJE DISCLOSURE FORM

Date: 09/23/22  
 Your Name: Ferhat Yildiz MD  
 Manuscript Title: Postoperative delirium in older adults: A surgeon's guide  
 Manuscript number (if known): VATS-22-23

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**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:**

  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: 9/16/22  
 Your Name: Mark Katlic, M.D.  
 Manuscript Title: Postoperative delirium in older adults: A surgeon's guide  
 Manuscript number (if known): VATS-22-23

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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 type="checkbox"/> None	

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

Dr. Katlic is Chair of the Standards and Verification Committee of the American College of Surgeons Geriatric Surgery Verification Program and was part of the program's Core Development Group.

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

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## ICMJE DISCLOSURE FORM

Date: 9.21.22  
 Your Name: MATTHEW VREES  
 Manuscript Title: Postoperative delirium in older adults: A surgeon's guide  
 Manuscript number (if known): VATS-22-23

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*Mal Z*

# ICMJE DISCLOSURE FORM

Date: 9/19/22  
 Your Name: William Cioffi, MD  
 Manuscript Title: Postoperative delirium in older adults: A surgeon's guide  
 Manuscript number (if known): VATS-22-23

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Date: 9/16/22

Your Name: Richard W. Besdine, MD

Manuscript Title: Postoperative delirium in older adults: A surgeon's guide

Manuscript number (if known): VATS-22-23

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Date: 09/23/22  
 Your Name: Sevdenur Cizginer MD  
 Manuscript Title: Postoperative delirium in older adults: A surgeon's guide  
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