

## 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.

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

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		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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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.

## ICMJJE 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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## ICMJJE 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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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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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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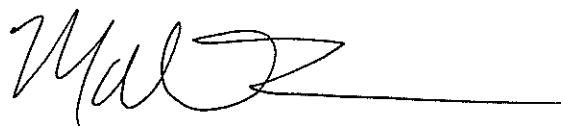
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## ICMJE DISCLOSURE FORM

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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