

## ICMJE DISCLOSURE FORM

Date: 11<sup>th</sup> of May, 2023.

Your Name: Mohammed Isa

Manuscript Title: Mini laparotomy for candy cane syndrome at the jejunojejunostomy after a second Roux Y Gastric bypass with multiple surgical history

Manuscript number (if known): ACR-23-62

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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 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:** 05/05/2023

**Your Name:** Aqeela Abdulla Khalil Ebrahim Isa

**Manuscript Title:** Mini laparotomy for candy cane syndrome at the jejunojejunostomy after a second Roux Y Gastric bypass with multiple surgical history.

**Manuscript number (if known):** ACR-23-62

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| 4   | Consulting fees  | <input checked="" 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.

Aqee/a

## ICMJE DISCLOSURE FORM

Date: 16/05/2023

Your Name: Awadh Saleh Hamad Alyami.

Manuscript Title: Mini laparotomy for candy cane syndrome at the jejunojejunostomy after a second Roux Y Gastric bypass with multiple surgical history.

Manuscript number (if known): ACR-23-62

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|   |  |  |   |
| 3   | Royalties or licenses  | <u>X</u> None  |   |
|   |  |  |   |
| 4   | Consulting fees  | <u>X</u> None  |   |
|   |  |  |   |
| 5   | Payment or honoraria for   | <u>X</u> None  |   |

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

**"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: 16-05-2023  
 Your Name: Maryasa Osama Alali  
 Manuscript Title: Mini Laprotomy for CondyCone Syndrome at the TRuncopneumostomy after a  
 Manuscript number (if known): second Roux Y gastric Bypass with multiple surgical history  
ACR-23-62

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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| 3   | Royalties or licenses   | <input checked="" 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: 16/05/2023  
 Your Name: Mohamed Raouf AlAlawi  
 Manuscript Title: Mini laprotomy for Candy Cone Syndrome at the jejunostomy  
 Manuscript number (if known): After second Roux Y gastric Bypass with multiple surgical history  
ACR-23-62

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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None

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## ICMJE DISCLOSURE FORM

Date: 11<sup>th</sup> of May, 2023.

Your Name: Motasem Muwaffaq Abdulrahman Hamdan Salih

Manuscript Title: Mini laparotomy for candy cane syndrome at the jejunojejunostomy after a second Roux Y Gastric bypass with multiple surgical history

Manuscript number (if known): ACR-23-62

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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:

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: 16/05/2023

Your Name: Abdullah Mohammed Aseri.

Manuscript Title: Mini laparotomy for candy cane syndrome at the jejunojejunostomy after a second Roux Y Gastric bypass with multiple surgical history.

Manuscript number (if known): ACR-23-62

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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None

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## ICMJE DISCLOSURE FORM

Date: 21/05/2023

Your Name: Khalid Mohammed A Alghuthayr.

Manuscript Title: Mini laparotomy for candy cane syndrome at the jejunojejunostomy after a second Roux Y Gastric bypass with multiple surgical history.

Manuscript number (if known): ACR-23-62

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