ICMJE DISCLOSURE FORM

Date: 04/03/2021

Your Name: Dr Rippan Shukla

Manuscript Title: "Choosing the Right Patient for Laparoscopic Revisional Fundoplication: A Review of Preoperative

Predictors"

Manuscript number (if known): AOE-2020-MIGERD-07

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</u> <u>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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	planning of the work
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,	110110	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	,		
7	Support for attending 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	
	in other board, society,		
	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	
	financial interests		

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

No conflicts of interest		

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	e:4.March.2021		
You	r Name:Dr. Jennifer C	Myers	
Mar	nuscript Title:_"Choosing the	e Right Patient for Laparos	copic Revisional Fundoplication: A Review of Preoperative
Pred	lictors"		
Mar	nuscript number (if known):	AOE-2020-MIGERD-07_	
relate part to trelate man. The to the med.	ted to the content of your name ies whose interests may be cansparency and does not not interest, it following questions apply the content only. author's relationships/actions epidemiology of hypertelication, even if that medical	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship rities/interests should be dension, you should declare action is not mentioned in the port for the work reported	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		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.		
		- '	
2	Cuanta au cantina de financia	Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
2	Royalties or licenses	None	
3	noyalties of licerises	None	
4	Consulting fees	None	

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ICMJE DISCLOSURE FORM

Date	e:4.March.2021		
You	r Name:A/Prof Sarah	Thompson	
Man	uscript Title:_"Choosing the	e Right Patient for Laparos	copic Revisional Fundoplication: A Review of Preoperative
Prec	lictors"		
Man	uscript number (if known):	AOE-2020-MIGERD-07_	
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	time traine for disclosure is	the past so months.	
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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