	FORM

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Date: 22/06/	
Your Name: AL SERTO	SIATO PE
Manuscript Title: MININALLY	INVASIVE CASTRECTOMY AFTER NEOASTUVANT
Manuscript number (if known):	CHEMOTERAPY: A LITERATURE REVIEW
	ALES-21-28

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 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.

		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 initi	I 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.	None	
		Time frame pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	chalibral events	
6	Payment for expert	None
	testimuny	
7	Support for attending	None
	meetings and/or travel	
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8	Patients planned, issued or	None
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9	Participation on a Data Safety Monitoring Board or	None
	Advisory Board	
10	Leadership or fiduciary role	None
10	in other board, society,	None
	convittee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
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12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other	
13	Other financial or non-	
2	Grancial interests	None

Please surrecive 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 aroused every question and have not altered the wording of any of the questions on this form.

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Date:	17.06.202	21					
Your Name:	STEF	ANO D	E PASCA L	Ξ			
Manuscript	Title: Minimall	1 invasive	gastrectony	after	neoadjuvant	chemotherapy: a little	review
Manuscript	number (if kno	wn):	3	,		1.5	

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	是是1000年的1500年2 <b>州</b> 和1980年2月1日	Time frame: Since the initi	al 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.	None	
To the		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
manuscript writing or educational events Payment for expert	None	
	None	
•	22722	
Support for attending meetings and/or travel	None	
Patents planned, issued or pending	None	
Participation on a Data Safety Monitoring Board or	None	
Leadership or fiduciary role in other board, society, committee or advocacy	None	
Stock or stock options	None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
Other financial or non- financial interests	None	
	Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non- None

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none		

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Milano 17.06,2021



Date:	16.6.20	21					
Your Name:_	ENLLIO	BERTANI	1				
Manuscript T	itle: Min' me	le invorm	e porturary	ster	CT :a C	I testire	21
Manuscript n	umber (if known):_	4185 -1	1-28	0			

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4	Consulting fees	None	

5	Payment or honoraria for	None	A A STATE OF THE S
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
3	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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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

le Co Bertoni

Milan, 16.6,2021

Date: 16/06/2021

Your Name: Filippo Ascari

Manuscript Title: MINIMALLY INVASIVE GASTRECTOMY AFTER NEOADJUVANT CHEMOTHERAPY: A

LITERATURE REVIEW
Manuscript number (if known):

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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		Time frame: pas	at 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

;	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
5	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
PI	ease summarize the above co	nflict of interest in the fol	lowing box:
	ease place an "X" next to the		dicate your agreement: we not altered the wording of any of the questions or

MILANO, 18/06/2001

form.

Date:	June 16th	2021			
Your Name:	URERITO	FUMACALL	MARINA		
<b>Manuscript Title</b>	: MINIMALLY	INVASIVE	SASTREGOMY	AFTER NEDAD).	CHEMOTH .: A LIT. RELEW
Manuscript num	ber (if known):			(Acec-21-28)	

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	为自己的一种。对于原始的现代	Time frame: pas	at 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role		
10	in other board, society,	None	
	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		
13	services Other financial or non-	None	
	financial interests	None	
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Dr. Uberto Fumagalli Romario
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