

ICMJE DISCLOSURE FORM

Date: 7/26/2022

Your Name: Kae Okoshi

Manuscript Title: A comparison of short-term surgical outcomes of male and female gastrointestinal surgeons in Japan: retrospective cohort study

Manuscript Number (if known): BMJ-2022-070568.R2

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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Date: 7/26/2022

Your Name: Hideki Endo

Manuscript Title: A comparison of short-term surgical outcomes of male and female gastrointestinal surgeons in Japan: retrospective cohort study

Manuscript Number (if known): BMJ-2022-070568.R2

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Date: 7/26/2022

Your Name: Sachiyo Nomura

Manuscript Title: A comparison of short-term surgical outcomes of male and female gastrointestinal surgeons in Japan: retrospective cohort study

Manuscript Number (if known): BMJ-2022-070568.R2

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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: 7/26/2022

Your Name: Yusuke Fujita

Manuscript Title: A comparison of short-term surgical outcomes of male and female gastrointestinal surgeons in Japan: retrospective cohort study

Manuscript Number (if known): BMJ-2022-070568.R2

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 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.

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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	

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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: 7/26/2022

Your Name: Itaru Yasufuku

Manuscript Title: A comparison of short-term surgical outcomes of male and female gastrointestinal surgeons in Japan: retrospective cohort study

Manuscript Number (if known): BMJ-2022-070568.R2

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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ICMJE DISCLOSURE FORM

Date: 7/26/2022

Your Name: Koya Hida

Manuscript Title: A comparison of short-term surgical outcomes of male and female gastrointestinal surgeons in Japan: retrospective cohort study

Manuscript Number (if known): BMJ-2022-070568.R2

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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ICMJE DISCLOSURE FORM

Date: 7/26/2022

Your Name: Hiroyuki Yamamoto

Manuscript Title: A comparison of short-term surgical outcomes of male and female gastrointestinal surgeons in Japan: retrospective cohort study

Manuscript Number (if known): BMJ-2022-070568.R2

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ICMJE DISCLOSURE FORM

Date: 7/26/2022

Your Name: Hiroaki Miyata

Manuscript Title: A comparison of short-term surgical outcomes of male and female gastrointestinal surgeons in Japan: retrospective cohort study

Manuscript Number (if known): BMJ-2022-070568.R2

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 60px; margin-top: 5px;"> <tr> <td style="width: 60%;">Affiliation of social collaboration department</td> <td>National Clinical Database, Johnson & Johnson K.K., and Nipro Co.</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Affiliation of social collaboration department	National Clinical Database, Johnson & Johnson K.K., and Nipro Co.				
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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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 checked="" type="checkbox"/> 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: 7/26/2022

Your Name: Kazuhiro Yoshida

Manuscript Title: A comparison of short-term surgical outcomes of male and female gastrointestinal surgeons in Japan: retrospective cohort study

Manuscript Number (if known): BMJ-2022-070568.R2

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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		EP - CRSU	Research funding paid to my institution
		EPS Corporation	Research funding paid to my institution
		FUJIFILM	Research funding paid to my institution
		GlaxoSmithKline	Research funding paid to my institution
		Johnson & Johnson	Grant paid to my institution
		Kaken Pharm.	Grant paid to my institution
		Kyowa Kirin	Grant paid to my institution
		Meiji Seika Pharma	Research funding paid to my institution
		MSD	Research funding paid to my institution
		Nippon Kayaku	Grant paid to my institution
		Novartis	Research funding paid to my institution
		Ono Pharm.	Research funding paid to my institution
		Otsuka Pharm.	Grant paid to my institution
		Philips Japan	Research funding paid to my institution
		Sanofi	Grant paid to my institution
		ShiftZero K.K.	Research funding paid to my institution
		Taiho Pharm.	Grant and research funding paid to my institution
		Takeda Pharm.	Grant paid to my institution
		TERUMO	Grant paid to my institution
		Tsumura	Grant paid to my institution
		Yakult Honsha	Grant paid to my institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AstraZeneca	Honoraria paid to me
		Bristol-Myers Squibb	Honoraria paid to me
		Chugai Pharm.	Honoraria paid to me
		Covidien Japan	Honoraria paid to me
		Daiichi Sankyo	Honoraria paid to me
		EA Pharma	Honoraria paid to me
		Eli Lilly Japan	Honoraria paid to me
		Intuitive Surgical G.K.	Honoraria paid to me
		Johnson & Johnson	Honoraria paid to me
		Medical Review Co	Honoraria paid to me
		MSD	Honoraria paid to me
		Nippon Kayaku	Honoraria paid to me
		Ono Pharm	Honoraria paid to me

		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)
		Otsuka Pharmaceutical Factory	Honoraria paid to me
		Pfizer	Honoraria paid to me
		Sanofi	Honoraria paid to me
		SANWA KAGAKU KENKYUSHO	Honoraria paid to me
		Taiho Pharm.	Honoraria paid to me
		Takeda Pharm.	Honoraria paid to me
		Teijin Phamra	Honoraria paid to me
		TERUMO	Honoraria paid to me
		Tsumura	Honoraria paid to me
		USACO	Honoraria paid to me
		Yakult Honsha	Honoraria paid to me
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,	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 7/26/2022

Your Name: Yoshihiro Kakeji

Manuscript Title: A comparison of short-term surgical outcomes of male and female gastrointestinal surgeons in Japan: retrospective cohort study

Manuscript Number (if known): BMJ-2022-070568.R2

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Date: 7/26/2022

Your Name: Yuko Kitagawa

Manuscript Title: A comparison of short-term surgical outcomes of male and female gastrointestinal surgeons in Japan: retrospective cohort study

Manuscript Number (if known): BMJ-2022-070568.R2

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Takeda Pharmaceutical Co., Ltd.	Grants to our institution
		CHUGAI PHARMACEUTICAL CO., LTD.	Grants to our institution
		TAIHO PHARMACEUTICAL CO., LTD	Grants to our institution
		Yakult Honsha Co. Ltd.	Grants to our institution
		ASAHI KASEI PHARMA CORPORATION	Grants to our institution
		Otsuka Pharmaceutical Co., Ltd.	Grants to our institution
		ONO PHARMACEUTICAL CO., LTD.	Grants to our institution
		TSUMURA & CO.	Grants to our institution
		Kyouwa Hakkou Kirin Co., Ltd.	Grants to our institution
		DAINIPPON SUMITOMO PHARMA Co., Ltd.	Grants to our institution
		EA Pharma Co., Ltd.	Grants to our institution
		Astellas Pharma Inc.	Grants to our institution
		Toyama Chemical Co., Ltd	Grants to our institution
		MEDICON INC.	Grants to our institution
		KAKEN PHARMACEUTICAL CO. LTD.	Grants to our institution
	Eisai Co., Ltd.	Grants to our institution	
	Otsuka Pharmaceutical Factory Inc.	Grants to our institution	

		TEIJIN PHARMA LIMITED.	Grants to our institution
		NIHON PHARMACEUTICAL CO., LTD.	Grants to our institution
		Nippon Covidien Inc.	Grants to our institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Ono Pharmaceutical Co., Ltd.	Personal fees
		Bristol-Myers Squibb	Personal fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	CHUGAI PHARMACEUTICAL CO., LTD.	Personal fees
		TAIHO PHARMACEUTICAL CO., LTD.	Personal fees
		ASAHI KASEI PHARMA CORPORATION	Personal fees
		Otsuka Pharmaceutical Factory Inc.	Personal fees
		SHIONOGI & CO., LTD.	Personal fees
		Nippon Covidien Inc.	Personal fees
		Ethicon, Inc.	Personal fees
		ONO PHARMACEUTICAL CO., LTD.	Personal fees
		Olympus Corporation	Personal fees
		Bristol-Myers Squibb K.K.	Personal fees
		AstraZeneca K.K.	Personal fees
		MSD K.K.	Personal fees
		Smith & Nephew KK	Personal fees
		KAKEN PHARMACEUTICAL CO.,LTD.	Personal fees
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	
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