

# ICMJE DISCLOSURE FORM

**Date:** 11/20/2024

**Your Name:** Alexis Theodorou

**Manuscript Title:** Mapping the Diagnostic and Therapeutic Landscape in Emergency Incisional Hernia: A Scoping Review

**Manuscript Number (if known):** Not 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.

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> |                                                                                                                                                                                |                                                                                                                                                                                                             |                                                 |  |  |  |  |                                           |
| <b>1</b>                                                  | 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"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table> |                                                 |  |  |  |  | Click the tab key to add additional rows. |
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|                                                           | Click the tab key to add additional rows.                                                                                                                                      |                                                                                                                                                                                                             |                                                 |  |  |  |  |                                           |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                             |                                                 |  |  |  |  |                                           |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr><td>Research Grant from the European Hernia Society</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>      | Research Grant from the European Hernia Society |  |  |  |  |                                           |
| Research Grant from the European Hernia Society           |                                                                                                                                                                                |                                                                                                                                                                                                             |                                                 |  |  |  |  |                                           |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                     |                                                 |  |  |  |  |                                           |
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| 4                                      | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td>FascioTens GmbH</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                       | FascioTens GmbH                                                                     |  |                                        |  |  |  |  |  |  |
| FascioTens GmbH                        |                                                                                                              |                                                                                                                                                                                                                                     |                                                                                     |  |                                        |  |  |  |  |  |  |
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| 5                                      | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td>BD Inc</td><td></td></tr> <tr><td>DynaMesh GmbH</td><td></td></tr> <tr><td></td><td></td></tr> </table>                                               | BD Inc                                                                              |  | DynaMesh GmbH                          |  |  |  |  |  |  |
| BD Inc                                 |                                                                                                              |                                                                                                                                                                                                                                     |                                                                                     |  |                                        |  |  |  |  |  |  |
| DynaMesh GmbH                          |                                                                                                              |                                                                                                                                                                                                                                     |                                                                                     |  |                                        |  |  |  |  |  |  |
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| 6                                      | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                  |                                                                                     |  |                                        |  |  |  |  |  |  |
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| 7                                      | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                  |                                                                                     |  |                                        |  |  |  |  |  |  |
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| 8                                      | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                  |                                                                                     |  |                                        |  |  |  |  |  |  |
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| 9                                      | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                  |                                                                                     |  |                                        |  |  |  |  |  |  |
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| 10                                     | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr><td>Board Member – European Hernia Society</td><td></td></tr> <tr><td>Board Member – Hellenic Hernia Society</td><td></td></tr> <tr><td></td><td></td></tr> </table> | Board Member – European Hernia Society                                              |  | Board Member – Hellenic Hernia Society |  |  |  |  |  |  |
| Board Member – European Hernia Society |                                                                                                              |                                                                                                                                                                                                                                     |                                                                                     |  |                                        |  |  |  |  |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 258 1518 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 476 1518 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 690 1518 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                                                                                                                              |                                                                                     |  |  |  |  |  |  |