

## ICMJE DISCLOSURE FORM

**Date:** 11/13/2024

**Your Name:** Umberto bracale

**Manuscript Title:** Mapping the Diagnostic and Therapeutic Landscape in Emergency Incisional Hernia: AScopingReview

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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> | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |

|    |                                                                                                              | 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) |  |  |  |  |  |  |  |  |
|----|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |

|    |                                                                                  | 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) |
|----|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 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.

