

ICMJE DISCLOSURE FORM

Date: 07.12.2022

Your Name: Andrea J. Ibarra

Manuscript Title: Translational Medicine Updates in Obstetric & Women's Anesthesiology: A Narrative 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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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)
Time frame: Since the initial 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.	_ Bristol Myers Squibb Foundation Diversity in Clinical Trials Career Development Program	Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> x <input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> x <input type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

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AI is supported by Bristol Myers Squibb Foundation Diversity in Clinical Trials Career Development Program.

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: 7. 12.22
 Your Name: Kenny Roman
 Manuscript Title: Translational Medicine Updates in Obstetric & Women's Anesthesiology: A Narrative Review
 Manuscript number (if known): _____

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Time frame: Since the initial 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.	5K01DK114395-05	Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> x <input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> x <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> x <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

KR is supported by NIH (5K01DK114395-05).

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: 7.12.22

Your Name: Eileen Nguyen

Manuscript Title: Translational Medicine Updates in Obstetric & Women's Anesthesiology: A Narrative Review

Manuscript number (if known): _____

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Time frame: Since the initial 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.	F31NS113371 T32GM008208	Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> x <input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> x <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> x <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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, 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 summarize the above conflict of interest in the following box:

EN is supported by NIH (F31NS113371 and T32GM008208).

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 07.12.2022

Your Name: Megan E. Yates

Manuscript Title: Translational Medicine Updates in Obstetric & Women's Anesthesiology: A Narrative Review

Manuscript number (if known): _____

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Time frame: Since the initial 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.	<u>_ F30CA250167</u>	Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>_ x</u> None	
3	Royalties or licenses	<u>_ x</u> None	
4	Consulting fees	<u>_ x</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
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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, 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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MEY is supported by NIH (F30CA250167).

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ICMJE DISCLOSURE FORM

Date: 07.12.2022

Your Name: Alexandra Nicholas

Manuscript Title: Translational Medicine Updates in Obstetric & Women's Anesthesiology: A Narrative Review

Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	
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, 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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ICMJE DISCLOSURE FORM

Date: 07.05. 2022
 Your Name: Grace Lim
 Manuscript Title: Translational Medicine Updates in Obstetric & Women's Anesthesiology: A Narrative Review
 Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Heron Therapeutics	Institution
3	Royalties or licenses	Cambridge University Press	Book royalties
4	Consulting fees	Octapharma	Consultant - self

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Brigham & Women's – Grand Rounds	Lecture - Self
		Boston University – Grand Rounds	Lecture - Self
		Emory University – Grand Rounds	Lecture – Self
		Cedars Sinai – Grand Rounds	Lecture – Self
		Colorado University – Grand Rounds	Lecture – Self
		Beth Israel Deaconess – Grand Rounds	Lecture – Self
		University of Arkansas – Grand Rounds	Lecture - Self
6	Payment for expert testimony	<input type="checkbox"/> x None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> x None	
8	Patents planned, issued or pending	<input type="checkbox"/> x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> x None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Society for Obstetric Anesthesiology and Perinatology	Board of Directors member
11	Stock or stock options	<input type="checkbox"/> x None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> x None	
13	Other financial or non-financial interests	<input type="checkbox"/> x None	

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

GL is supported by NIH (No. K12HD043441), receives grants from Heron Therapeutics, book royalties from Cambridge University Press, consulting fees from Octapharma, lecture payments from Brigham & Women's, Boston University, Emory University, Cedars Sinai, Colorado University, Beth Israel Deaconess, University of Arkansas, and serves as an Board of Directors Member of Society for Obstetric Anesthesiology and Perinatology.

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.