## ICMJE DISCLOSURE FORM

**Date:** 9/5/24

Your Name: Maria Ángeles Núñez-Sanchez

Manuscript Title: Peroxisome proliferator-activated receptor gamma (PPAR-γ) activation through gut microbiota

modulation as a novel therapeutic approach against anastomotic leak after colorectal cancer surgery

Manuscript number (if known): JGO-24-314

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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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.

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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X None	36 months
3	Royalties or licenses	X None	
4	Consulting fees	X None	

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

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

María Ángeles-Núñez-Sánchez reports no conflicts of interest to declare.

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:** 9/5/24

Your Name: Maria Antonia Martinez-Sanchez

Manuscript Title: Peroxisome proliferator-activated receptor gamma (PPAR-γ) activation through gut microbiota

modulation as a novel therapeutic approach against anastomotic leak after colorectal cancer surgery

Manuscript number (if known): JGO-24-314

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

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

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

María Antonia Martínez-Sánchez reports no conflicts of interest to declare.	

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:** 9/5/24

Your Name: Bruno Ramos-Molina

Manuscript Title: Peroxisome proliferator-activated receptor gamma (PPAR-γ) activation through gut microbiota

modulation as a novel therapeutic approach against anastomotic leak after colorectal cancer surgery

Manuscript number (if known): JGO-24-314

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		relationship or indicate	institution)
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		needed)	
		Time frame: Since the initial	
1	All support for the present	X Institute of Health Carlos	Research grant (PI23/00171)
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	processing charges, etc.)		
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2	Grants or contracts from	X None	
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3	Royalties or licenses	X None	
4	Consulting fees	X None	

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

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

Bruno Ramos-Molina reports that this study was supported by the Institute of Health Carlos III (award number PI23/00171). The authors have no other conflicts of interest to declare.

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

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