

#### **Instructions**

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Li 1



| Section 1.                                   | Identifying Inform  | ation   |                                  |
|--|---|---|----------------------------------|
| 1. Given Name (Fil                           | rst Name)   | 2. Surname (Last Name)<br>Li  | 3. Date<br>18-September-2016     |
| 4. Are you the cor                           | responding author?  | ✓ Yes No  |                                  |
| 5. Manuscript Title<br>Strategy of lapar     |   | ic lymph node dissection for advanced gastric cance   | er                               |
| 6. Manuscript Ider                           | ntifying Number (if you kr                                    | now it)   |                                  |
|  |   |   |                                  |
| Section 2.                                   | The Work Under C  | onsideration for Publication  |                                  |
| any aspect of the s<br>statistical analysis, | stitution <b>at any time</b> rece<br>ubmitted work (including | ive payment or services from a third party (government, co<br>but not limited to grants, data monitoring board, study d   |                                  |
| Section 3.                                   | Relevant financial  | activities outside the submitted work.  |                                  |
| of compensation clicking the "Add            | ) with entities as descri                                     | n the table to indicate whether you have financial rebed in the instructions. Use one line for each entity; port relationships that were <b>present during the 36</b> est? Yes Vo | add as many lines as you need by |
| Section 4.                                   | lotelle to 12   |   |                                  |
|  | Intellectual Proper   | ty Patents & Copyrights   |                                  |
| Do you have any                              | patents, whether plan   | ned, pending or issued, broadly relevant to the work  | Yes ✓ No                         |

Li 2



| Section 5. Relationships not sovered above   |
|--|
| Relationships not covered above  |
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| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest  |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. Disclosure Statement  |
| Disclosure statement   |
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| Dr. Li has nothing to disclose.  |

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Li 3



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Huang 1



| Section 1.                                   | Identifying Inform                                   | nation   |  |   |
|--|--|--|--|---|
| 1. Given Name (Fii<br>Chang-Ming             | rst Name)  | 2. Surname (Last Name)<br>Huang  |  | 3. Date<br>18-September-2016  |
| 4. Are you the cor                           | 4. Are you the corresponding author?                 |  | Corresponding Author's Nam<br>Ping Li                            | ne  |
| 5. Manuscript Title<br>Strategy of lapar     |  | ic lymph node dissection t   | for advanced gastric cancer                                      |   |
| 6. Manuscript Ider                           | ntifying Number (if you kr                           | now it)  |  |   |
|  |  |  | _  |   |
| Section 2.                                   | The Work Under Co                                    | onsideration for Public  | cation   |   |
| any aspect of the s<br>statistical analysis, | ubmitted work (including                             | but not limited to grants, da  | a third party (government, com<br>ta monitoring board, study des | nmercial, private foundation, etc.) for<br>ign, manuscript preparation,                           |
| Section 3.                                   | Relevant financial                                   | activities outside the s   | submitted work.  |   |
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| Section 4.                                   | Intellectual Proper                                  | ty Patents & Copyric   | yhts   |   |
| Do you have any                              | patents, whether plan                                | ned, pending or issued, br   | oadly relevant to the work?                                      | ☐ Yes ✓ No  |

Huang 2



| Section 5.   |   |  |  |  |  |
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| Dr. Huang has n  | othing to disclose.   |  |  |  |  |

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Zheng 1



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| 1. Given Name (Fi<br>Chao-Hui                | rst Name)  | 2. Surname (Last Name)<br>Zheng   |   | 3. Date<br>18-September-2016  |
| 4. Are you the corresponding author?         |  | Yes ✓ No  | Corresponding Author's Nar<br>Ping Li                           | me  |
| 5. Manuscript Title<br>Strategy of lapar     |  | ic lymph node dissection 1  | for advanced gastric cancer                                     |   |
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Zheng 2



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|---|---|--|--|--|
| 1. Given Name (First Name)<br>Jian-Xian   | 2. Surname (Last Name)<br>Lin                     | 3. Date<br>18-September-2016   |  |  |
| 4. Are you the corresponding author?  | ☐ Yes ✓ No  | Corresponding Author's Name<br>Ping Li   |  |  |
| 5. Manuscript Title<br>Strategy of laparoscopic suprapancrea  | tic lymph node dissection f                       | or advanced gastric cancer   |  |  |
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| Are there any relevant conflicts of inte  | nere any relevant conflicts of interest? Yes V No |  |  |  |
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Xie 1



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| 4. Are you the corresponding author?  | ☐ Yes ✓ No   | Corresponding Author's Name<br>Ping Li   |  |  |
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| Do you have any patents, whether plan   | nned, pending or issued, br                        | oadly relevant to the work? Yes V No   |  |  |

Xie 2



| Section 5.                |   |  |  |  |  |
|---------------------------|---|--|--|--|--|
| Section 5.                | Relationships not covered above   |  |  |  |  |
|                           | Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?             |  |  |  |  |
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|                           | nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements<br>nals may ask authors to disclose further information about reported relationships. |  |  |  |  |
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| Dr. Xie has nothin        | ng to disclose.   |  |  |  |  |

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Wang 1



| Section 1.  | Identifying Inform                                  | nation   |                                       |   |
|---|---|--|---------------------------------------|---|
| 1. Given Name (Fir<br>Jia-Bin   | st Name)  | 2. Surname (Last Name)<br>Wang                             |                                       | 3. Date<br>18-September-2016  |
| 4. Are you the corresponding author?  |   | ☐ Yes ✓ No   | Corresponding Author's Nan<br>Ping Li | me  |
| 5. Manuscript Title<br>Strategy of lapare   |   | ic lymph node dissection                                   | for advanced gastric cancer           |   |
| 6. Manuscript Ider  | ntifying Number (if you kr                          | now it)  |                                       |   |
|   |   |  |                                       |   |
| Section 2.  | The Work Under Co                                   | onsideration for Publi                                     | cation                                |   |
| Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  Vo |   |  |                                       |   |
|   |   |  |                                       |   |
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| of compensation clicking the "Add   | ) with entities as descri<br>+" box. You should rep | bed in the instructions. Use<br>port relationships that we | se one line for each entity; a        | ationships (regardless of amount dd as many lines as you need by nonths prior to publication. |
| Are there any rele  | evant conflicts of intere                           | est? Yes ✓ No  |                                       |   |
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| Do you have any   | patents, whether plan                               | ned, pending or issued, br                                 | roadly relevant to the work?          | ☐ Yes ✓ No  |

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Lu

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| Section 1. Identif  | ying Information   |  |  |  |
|---|--|--|--|--|
| 1. Given Name (First Name)<br>Jun   | 2. Surname (Last<br>Lu   | Name) 3. Date 18-September-2016  |  |  |
| 4. Are you the corresponding  | g author? Yes 🗸 N  | lo Corresponding Author's Name Ping Li   |  |  |
| 5. Manuscript Title<br>Strategy of laparoscopic s   | uprapancreatic lymph node dis  | section for advanced gastric cancer  |  |  |
| 6. Manuscript Identifying Nu  | mber (if you know it)  |  |  |  |
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| Section 2. The Wo   | ork Under Consideration fo   | r Publication  |  |  |
| Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  V No |  |  |  |  |
| ·   |  |  |  |  |
| Section 3. Releva   | nt financial activities outsic                                       | de the submitted work.   |  |  |
| of compensation) with ent   | tities as described in the instruc<br>ou should report relationships | icate whether you have financial relationships (regardless of amount itions. Use one line for each entity; add as many lines as you need by that were <b>present during the 36 months prior to publication</b> .  No |  |  |
|   |  |  |  |  |
| Section 4. Intelled   | tual Property Patents & 0  | Copyrights   |  |  |
| Do you have any patents,  | whether planned, pending or is                                       | ssued, broadly relevant to the work? Yes V No  |  |  |

Lu 2



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|--|----------------------------|---|---|---|
| 1. Given Name (Fi<br>Qi-Yue                  | rst Name)                  | 2. Surname (Last Name)<br>Chen                              |   | 3. Date<br>18-September-2016  |
| 4. Are you the corresponding author?         |                            | Yes ✓ No  | Corresponding Author's Name Ping Li                             |   |
| 5. Manuscript Title<br>Strategy of lapar     |                            | ic lymph node dissection 1                                  | for advanced gastric cancer                                     |   |
| 6. Manuscript lder                           | ntifying Number (if you kr | now it)   |   |   |
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| Section 2.                                   | The Work Under Co          | onsideration for Public                                     | cation  |   |
| any aspect of the s<br>statistical analysis, | ubmitted work (including   | g but not limited to grants, da                             | a third party (government, cor<br>ta monitoring board, study de | mmercial, private foundation, etc.) for sign, manuscript preparation,                               |
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| of compensation clicking the "Add            | ) with entities as descri  | ibed in the instructions. Us<br>port relationships that wer | se one line for each entity; a                                  | ationships (regardless of amount<br>dd as many lines as you need by<br>nonths prior to publication. |
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| Do you have any                              | patents, whether plan      | ned, pending or issued, br                                  | oadly relevant to the work?                                     | Yes 🗸 No  |

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| Section 1.  | Identifying Inform         | nation  |   |   |
|---|----------------------------|---|---|---|
| 1. Given Name (Fi<br>Long-Long  | rst Name)                  | 2. Surname (Last Name)<br>Cao                               |   | 3. Date<br>18-September-2016  |
| 4. Are you the corresponding author?  |                            | Yes ✓ No  | Corresponding Author's Name Ping Li                             |   |
| 5. Manuscript Title<br>Strategy of laparoscopic suprapancreatic lymph node dissection for advanced gastric cancer |                            |   |   |   |
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Cao 2



| Section 5.   |   |  |  |  |  |
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|--|---|--|--|--|
| 1. Given Name (Fi  | rst Name)   | 2. Surname (Last Name)<br>Lin                              | 3. Date<br>18-September-2016   |  |
| 4. Are you the cor   | responding author?                                | Yes 🗸 No   | Corresponding Author's Name<br>Ping Li   |  |
| 5. Manuscript Title<br>Strategy of lapar   |   | tic lymph node dissection                                  | for advanced gastric cancer  |  |
| 6. Manuscript Ider   | 5. Manuscript Identifying Number (if you know it) |  |  |  |
|  | ı   |  |  |  |
| Section 2.   | The Work Under C                                  | onsideration for Publi                                     | cation   |  |
| Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest? Yes V |   |  |  |  |
|  |   |  |  |  |
| Section 3.   | Relevant financial                                | activities outside the                                     | submitted work.  |  |
| of compensation clicking the "Add  | ) with entities as descr                          | ibed in the instructions. Us<br>port relationships that we | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. |  |
|  | ı   |  |  |  |
| Section 4.   | Intellectual Prope                                | rty Patents & Copyri                                       | yhts   |  |
| Do you have any  | patents, whether plan                             | ned, pending or issued, br                                 | oadly relevant to the work? Yes V No   |  |



| Section 5.   |   |  |  |  |  |
|--|---|--|--|--|--|
|  | Relationships not covered above   |  |  |  |  |
|  | Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? |  |  |  |  |
| Yes, the follo   | wing relationships/conditions/circumstances are present (explain below):  |  |  |  |  |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest  |   |  |  |  |  |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. |   |  |  |  |  |
| Section 6.   | Disclosure Statement  |  |  |  |  |
| Based on the abo<br>below.   | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box   |  |  |  |  |
| Dr. Lin has nothi  | ng to disclose.   |  |  |  |  |

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#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

## Identifying information.

## The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

### 3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

## Relationships not covered above.

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#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your

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| Section 1.  | Identifying Inform         | nation                        |  |   |
|---|----------------------------|-------------------------------|--|---|
| 1. Given Name (Fii<br>Ru-Hong   | rst Name)                  | 2. Surname (Last Name)<br>Tu  |  | 3. Date<br>18-September-2016  |
| 4. Are you the corresponding author?  |                            | ☐ Yes ✓ No                    | Corresponding Author's Name Ping Li                              |   |
| 5. Manuscript Title<br>Strategy of lapar  |                            | ic lymph node dissection      | for advanced gastric cancer                                      |   |
| 6. Manuscript Ider  | ntifying Number (if you kr | now it)                       |  |   |
|   |                            |                               |  |   |
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| any aspect of the s<br>statistical analysis,  | ubmitted work (including   | but not limited to grants, do | a third party (government, cor<br>ata monitoring board, study de | mmercial, private foundation, etc.) for<br>sign, manuscript preparation,                            |
| Section 3.  |                            |                               |  |   |
| Section 3.  | Relevant financial         | activities outside the        | submitted work.  |   |
| of compensation   | ) with entities as descri  | bed in the instructions. U    | se one line for each entity; a                                   | ationships (regardless of amount<br>dd as many lines as you need by<br>conths prior to publication. |
| Are there any rele  | evant conflicts of intere  | est? Yes ✓ No                 |  |   |
|   |                            |                               |  |   |
| Section 4.  | Intellectual Proper        | ty Patents & Copyri           | ghts   |   |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo |                            |                               |  |   |

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| Section 5. Relationships not sovered above   |
|--|
| Relationships not covered above  |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?  |
| Yes, the following relationships/conditions/circumstances are present (explain below):   |
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| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. Disclosure Statement  |
|  |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.  |
| Dr. Tu has nothing to disclose.  |

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