ICMJE DISCLOSURE FORM

Date:(th January 2022	
Your Name:	Chris Jones	
Manuscript Title:	The effects of exercise prehabilitation in upper GI oncology patients	
undergoing surgi	cal resection: A systematic review	
Manuscript num	per (if known): DMR-21-84-CL	

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 <u>current</u> <u>manuscript only</u>.

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

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

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

Chris Jones is the Associate Editor-in-Chief of Digestive Medicine Research – this paper was submitted independently in the normal way and has gone through the usual peer review process.

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. X

ICMJE DISCLOSURE FORM

Date: 9th January

Your Name: Emma Tyson

Manuscript Title: The effects of exercise prehabilitation in upper GI oncology patients undergoing surgical resection: A

systematic review

Manuscript number (if known: DMR-21-84-CL

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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	х
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	х
4	Consulting fees	None	х

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group, paid or unpaid	
11 Stock or stock options X	
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12 Receipt of equipment,None x materials, drugs, medical	
writing, gifts or other	
services	
13 Other financial or non- None x	
financial interests	

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

I have no conflicts of interest.		

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

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ICMJE DISCLOSURE FORM

Date: 16 Jan 2022 Your Name: Muzaffar Malik

Manuscript Title: The effects of exercise prehabilitation in upper GI oncology patients undergoing surgical resection: A

systematic review

Manuscript number (if known: DMR-21-84-CL

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6	Payment for expert	None	u.
О	testimony	None	X
	testimony		
7	Support for attending	None	x
,	meetings and/or travel		
	ğ ,		
8	Patents planned, issued or	None	х
	pending		
9	Participation on a Data	None	X
	Safety Monitoring Board or		
10	Advisory Board	A.1	
10	Leadership or fiduciary role	None	Х
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	х
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	materials, drugs, medical		
	writing, gifts or other services		
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