## ICMJE DISCLOSURE FORM

Date:	2023-8-19	
Your Name:_	_Yan Wei	
•	•	balloon dilation method: A new method for the establishment of inguinal working space in th atients with early stage vulvar cancer
Manuscript r	number (if known): <u>GPM-2</u>	3-7

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 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.

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

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	·		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	None	
13	financial interests	None	
	maricial interests		
Ple	ease summarize the above of		llowing box:
	I have no conflict of inter	rest to declare.	
Ple	ase place an "X" next to the	e following statement to in	ndicate your agreement:

 $\_\_$  imes I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

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Date:	2023-8-19	
Your Name:	Ying Chen	
•	•	oalloon dilation method: A new method for the establishment of inguinal working space in the tients with early stage vulvar cancer
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Your Name:_	Yonghong_Lin	
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testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  None
manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  None  None  None  Mone  Mone
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pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non- None
pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  None  None  None  None  None  None  None  None  None
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Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-  None  None
Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-  None  None
Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-  None  None  None  None
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-  None  None  None  None  None
in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non- None
committee or advocacy group, paid or unpaid  Stock or stock options  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non- None
group, paid or unpaid  Stock or stock options  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-  None  None
Stock or stock options  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non- None
Receipt of equipment,None
materials, drugs, medical writing, gifts or other services  Other financial or non- None
materials, drugs, medical writing, gifts or other services  13 Other financial or nonNone
writing, gifts or other services  Other financial or nonNone
services  13 Other financial or non- None None
13 Other financial or non- None None
financial interests
Please summarize the above conflict of interest in the following box:
I have no conflict of interest to declare.
Please place an "X" next to the following statement to indicate your agreement:
$\_\_$ $ imes$ I certify that I have answered every question and have not altered the wording of any of the ques