ICMJE DISCLOSURE FORM

Date	e:2023.10).20		
		Cong Xie		
		_	_	er class III hysterectomy with preserving ureteral
		•	·	rvical cancer
Mar	nuscript num	ber (if known)	:GPM-23-5(GPM-20	22-IEGS-15)
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	following qu nuscript only.		to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to ti med In it	ne epidemiol lication, ever em #1 below	ogy of hyperten if that medically report all supports	ension, you should declare ation is not mentioned in t	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items
			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 initia	l planning of the work
	All support for manuscript (e. provision of st medical writin processing change limit	g., funding, udy materials, g, article arges, etc.)	None	
			<u> </u>	
	Grants or cont any entity (if n in item #1 abo	ot indicated	Time frame: pastNone	. So months
3	Royalties or lic	censes	None	
1	Consulting fee	S	None	

Payment or honoraria for

None

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	,		
7	Support for attending	None	
,	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	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		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the following box:	
	I have no conflict of interest to wording of any of the questions	declare. I certify that I have answered every quest on this form.	ion and have not altered the

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

υa	te:2023.10.20		
	ur Name:Jianru Luo_		
Ma	anuscript Title:Surgical t	echnique of robotic Pive	er class III hysterectomy with preserving ureteral
br	anch of uterine artery on	early-stage invasive ce	rvical cancer
Ma	anuscript number (if known)):GPM-23-5(GPM-20	22-IEGS-15)
rel pa to rel	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do	
		to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
<u>ma</u>	anuscript only.		
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. In this manuscript without time limit. For all other items
		Name all autities with	Sa a sification a / Commonto
		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 initia	planning of the work
	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	26 months
)	Grants or contracts from	None Name: past	- So months
=	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
	C III C	N	
ł	Consulting fees	None	

Payment or honoraria for

None

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
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	pending		
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	Advisory Board		
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	committee or advocacy		
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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	
	illianciai iliterests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
			nswered every question and have not altered the
	wording of any of the question	s on this form.	

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ICMJE DISCLOSURE FORM

Da	te:2023.10.20		
Yo	ur Name:Yonghong Lin		
Ma	anuscript Title:Surgical t	echnique of robotic Piv	er class III hysterectomy with preserving ureteral
br	anch of uterine artery on	early-stage invasive ce	rvical cancer
Ma	anuscript number (if known)):GPM-23-5(GPM-20	22-IEGS-15)
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.
	e following questions apply inuscript only.	to the author's relationshi	ps/activities/interests as they relate to the current
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in	·
	item #1 below, report all su e time frame for disclosure i		d in this manuscript without time limit. For all other items,
		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 initia	I planning of the work
	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame, past	26 months
)	Grants or contracts from	Time frame: past	. So mondis
	any entity (if not indicated		
	in item #1 above).		
}	Royalties or licenses	None	
ļ	Consulting fees	None	

None

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