

ICMJE DISCLOSURE FORM

Date: Jun. 19th, 2024

Your Name: Jiajia Qiu

Manuscript Title: Efficacy of intermittent pneumatic compression on breast cancer-related upper limb lymphedema: A systematic review and meta-analysis in clinical studies

Manuscript number (if known): GS-24-123

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 current manuscript only.

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		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 initial 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.	<u>__ Jiajia Qiu __ None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__ Jiajia Qiu __ None</u>	
3	Royalties or licenses	<u>__ Jiajia Qiu __ None</u>	
4	Consulting fees	<u>__ Jiajia Qiu __ None</u>	

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

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

None.

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.

ICMJE DISCLOSURE FORM

Date: Jun. 19th, 2024

Your Name: Shengqun Hou

Manuscript Title: Efficacy of intermittent pneumatic compression on breast cancer-related upper limb lymphedema: A systematic review and meta-analysis in clinical studies

Manuscript number (if known): GS-24-123

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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.	<u>__Shengqun Hou__ None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__ Shengqun Hou __ None</u>	
3	Royalties or licenses	<u>__ Shengqun Hou __ None</u>	
4	Consulting fees	<u>__ Shengqun Hou __ None</u>	

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

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

None.

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

 Shengqun Hou 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: Jun. 19th, 2024

Your Name: Yun Li

Manuscript Title: Efficacy of intermittent pneumatic compression on breast cancer-related upper limb lymphedema: A systematic review and meta-analysis in clinical studies

Manuscript number (if known): GS-24-123

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__ Yun Li __ None</u>	
3	Royalties or licenses	<u>__ Yun Li __ None</u>	
4	Consulting fees	<u>__ Yun Li __ None</u>	

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

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None.

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

☒ Yun Li 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: Jun. 19th, 2024

Your Name: Weiwu Lu

Manuscript Title: Efficacy of intermittent pneumatic compression on breast cancer-related upper limb lymphedema: A systematic review and meta-analysis in clinical studies

Manuscript number (if known): GS-24-123

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__ Weiwu Lu __ None</u>	
3	Royalties or licenses	<u>__ Weiwu Lu __ None</u>	
4	Consulting fees	<u>__ Weiwu Lu __ None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> Weiwu Lu <u> </u> None	
6	Payment for expert testimony	<u> </u> Weiwu Lu <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> Weiwu Lu <u> </u> None	
8	Patents planned, issued or pending	<u> </u> Weiwu Lu <u> </u> None	
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11	Stock or stock options	<u> </u> Weiwu Lu <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> Weiwu Lu <u> </u> None	
13	Other financial or non-financial interests	<u> </u> Weiwu Lu <u> </u> None	

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None.

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

Weiwu Lu 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: Jun. 19th, 2024
 Your Name: Xiaoju Zhang
 Manuscript Title: Efficacy of intermittent pneumatic compression on breast cancer-related upper limb lymphedema: A systematic review and meta-analysis in clinical studies
 Manuscript number (if known): GS-24-123

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6	Payment for expert testimony	<u> </u> Xiaoju Zhang <u> </u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> Xiaoju Zhang <u> </u> None	
13	Other financial or non-financial interests	<u> </u> Xiaoju Zhang <u> </u> None	

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ICMJE DISCLOSURE FORM

Date: Jun. 19th, 2024
 Your Name: Huiyu Luo
 Manuscript Title: Efficacy of intermittent pneumatic compression on breast cancer-related upper limb lymphedema: A systematic review and meta-analysis in clinical studies
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3	Royalties or licenses	<u>__ Huiyu Luo __ None</u>	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> Huiyu Luo <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> Huiyu Luo <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> Huiyu Luo <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> Huiyu Luo <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> Huiyu Luo <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> Huiyu Luo <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> Huiyu Luo <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> Huiyu Luo <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> Huiyu Luo <input type="checkbox"/> None	

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None.

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

Huiyu Luo

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ICMJE DISCLOSURE FORM

Date: Jun. 19th, 2024
 Your Name: Zhenqi Lu
 Manuscript Title: Efficacy of intermittent pneumatic compression on breast cancer-related upper limb lymphedema: A systematic review and meta-analysis in clinical studies
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__Zhenqi Lu __None</u>	
3	Royalties or licenses	<u>__Zhenqi Lu __None</u>	
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6	Payment for expert testimony	<u> </u> Zhenqi Lu <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> Zhenqi Lu <u> </u> None	
8	Patents planned, issued or pending	<u> </u> Zhenqi Lu <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> Zhenqi Lu <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> Zhenqi Lu <u> </u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> Zhenqi Lu <u> </u> None	
13	Other financial or non-financial interests	<u> </u> Zhenqi Lu <u> </u> None	

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None.

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zhengyi Lu

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