Date: 2021-8.3

Your Name: Peng Tang

Manuscript Title: Effectiveness of digestive endoscopy and surgery in the treatment of necrotizing pancreatitis: a

meta-analysis and systematic review Manuscript number (if known): GS-21-516

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.

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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in other board, society,	XNone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical	XNone		
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Please summarize the above conflict of interest in the following box: The author has no conflicts of interest to declare.				
	ne author has no connicts of	interest to declare.		

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.

Date: 2021-8.3

Your Name: Qinqing Zha

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone			
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
4.0	Advisory Board				
10	Leadership or fiduciary role in other board, society,	XNone			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical	XNone			
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13	Other financial or non-	X None			
	financial interests				
	ase summarize the above conflicts of		following box:		
Ple	Please place an "X" next to the following statement to indicate your agreement:				

Date: 2021-8.3

Your Name: Lihua Zhou

Manuscript Title: Effectiveness of digestive endoscopy and surgery in the treatment of necrotizing pancreatitis: a

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	educational events				
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	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
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4.0	Advisory Board				
10	Leadership or fiduciary role in other board, society,	XNone			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
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13	Other financial or non-	X None			
	financial interests				
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Your Name: Qiulian Yang

Manuscript Title: Effectiveness of digestive endoscopy and surgery in the treatment of necrotizing pancreatitis: a

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	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or educational events				
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0	testimony	XNone			
	,				
7	Support for attending	X None			
	meetings and/or travel				
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	pending				
9	Participation on a Data	XNone			
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	Advisory Board				
10	Leadership or fiduciary role in other board, society,	XNone			
	committee or advocacy				
	group, paid or unpaid				
11		V None			
11	Stock or stock options	XNone			
12	Receipt of equipment,	X None			
12	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
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Ple	Please place an "X" next to the following statement to indicate your agreement:				

Date: 2021-8.3

Your Name: Mingfeng He

Manuscript Title: Effectiveness of digestive endoscopy and surgery in the treatment of necrotizing pancreatitis: a

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Your Name: Shaomin Zhu

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Date: 2021-8.3 Your Name: Yan Liu

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7	Support for attending meetings and/or travel	XNone			
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8	Patents planned, issued or	XNone			
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10	Leadership or fiduciary role in other board, society,	XNone			
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Ple	ease summarize the above o	onflict of interest in the fo	llowing box:		
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