

## ICMJE DISCLOSURE FORM

Date: October 13, 2021

Your Name: Jiahui Xing

Manuscript Title: Effects of enhanced recovery after surgery on robotic radical prostatectomy: a systematic review and meta-analysis

Manuscript number (if known): None

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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<b>Time frame: Since the initial planning of the work</b>			
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**Please summarize the above conflict of interest in the following box:**

The authors have no conflicts of interest to declare.

**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: October 13, 2021

Your Name: Juan Wang

Manuscript Title: Effects of enhanced recovery after surgery on robotic radical prostatectomy: a systematic review and meta-analysis

Manuscript number (if known): None

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Date: October 13, 2021

Your Name: Guanghua Liu

Manuscript Title: Effects of enhanced recovery after surgery on robotic radical prostatectomy: a systematic review and meta-analysis

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Your Name: Yujie Jia

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Manuscript number (if known): None

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