

ICMJE DISCLOSURE FORM

Date: 2021.10.26

Your Name: LIAO JUAN

Manuscript Title: Systematic review and meta-analysis of the efficacy of general anesthesia combined with a pectoral nerve block in modified breast cancer surgery

Manuscript number (if known): _____

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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Your Name: XIAO JIE

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Your Name: Guilin Xiang

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Your Name: DING XI ZHI

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