

#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1. Identifying Inform	ation		
1. Given Name (First Name) Bo	2. Surname (Last Name) Wang	3. Date 11-September-2020	
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Xuejing Lu	
5. Manuscript Title XEN gel implant with or without phacod	emulsification for glaucom	a: a systematic review and meta-analysis	
6. Manuscript Identifying Number (if you know it) ATM-20-6354			
		-	
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Dr. Wang has nothing to disclose.

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Section 4.				
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Lu has nothing to disclose.

#### **Evaluation and Feedback**