	te:2021-10-24			
	ur Name:Guangyu i			
		_	ing promotes the preservation of pelvic autonomic ner	ves
			study	
Ma	nuscript number (if known):		
rel par to	ated to the content of your ries whose interests may b	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to	• •	ension, you should declare	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertensionships the manuscript.	
	item #1 below, report all su e time frame for disclosure i		d in this manuscript without time limit. For all other it	ems,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	planning of the work	
	All support for the present	XNone		

		relationship or indicate none (add rows as needed)	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	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Please summariz	e the abo	ve conflict	of interest	in th	າe fol	lowing	box
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No conflicts of interest.			
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Da	te:2021-10-24		
	ur Name:Bin Yan		
			aging promotes the preservation of pelvic autonomic nerves
			e study
Ma	anuscript number (if known):	
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the	e time frame for disclosure	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initi	al 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 from a	et 26 months
2	Grants or contracts from any entity (if not indicated	Time frame: pas	St 35 Months
3	in item #1 above). Royalties or licenses	XNone	

4

Consulting fees

-			
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	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Please summariz	e the abo	ve conflict	of interest	in th	າe fol	lowing	box
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No conflicts of interest.			
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Dat	e:2021-10-24		
You	r Name:Jinglian !	Zhong	
Maı	nuscript Title:Mag	netic resonance neuroimag	ging promotes the preservation of pelvic autonomic nerves
in la	paroscopic total mesorect	al excision: a comparative	study
Maı	nuscript number (if known)):	
rela	ted to the content of your	manuscript. "Related" me	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment
	ransparency and does not to the tionship/activity/interest,		If you are in doubt about whether to list a so.
	following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to t		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all su time frame for disclosure i	· ·	ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	I planning of the work
	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above). Royalties or licenses	V None	
'	Noyalties of ficelises	XNone	

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Consulting fees

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

Please summariz	e the abo	ve conflict	of interest	in th	າe fol	lowing	box
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No	conflicts of interest.		
1			

Dat	te:2021-10-24		
	ur Name:Yingkui		
Ma	nuscript Title:Mag	netic resonance neuroima	aging promotes the preservation of pelvic autonomic nerves
in l	aparoscopic total mesorect	al excision: a comparative	e study
Ma	nuscript number (if known):	
rela par to t	ated to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to t		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript.
	tem #1 below, report all su time frame for disclosure i	· ·	ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed) Time frame: Since the initi	al planning of the work
	All and the second		al planning of the work
-	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
: T	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
,	Royalties or licenses	XNone	

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Consulting fees

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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	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Please summariz	e the abo	ve conflict	of interest	in th	າe fol	lowing	box
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No conflicts of interest.			
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Dat	te:2021-10-24		
Υοι	ır Name:Shilin Zl	hi	
Ма	nuscript Title:Mag	netic resonance neuroima	aging promotes the preservation of pelvic autonomic nerves
in la	aparoscopic total mesorect	tal excision: a comparative	e study
Ma	nuscript number (if known):	
rela par to t	ated to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a do so.
	e following questions apply nuscript only.	to the author's relationsh	hips/activities/interests as they relate to the current
to t		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript.
	tem #1 below, report all su time frame for disclosure		ed in this manuscript without time limit. For all other items,
		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 initi	ial planning of the work
L	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: pas	st 36 months
)	Grants or contracts from	XNone	34 35 HISHMIS
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

X__None

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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	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Please summariz	e the abo	ve conflict	of interest	in th	າe fol	lowing	box
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No conflicts of interest.			
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	te:2021-10-24		
	ur Name:Jun Shen		
			ging promotes the preservation of pelvic autonomic nerves
			e study
Ma	nuscript number (if known)):	
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	dication, even if that medic tem #1 below, report all su		the manuscript. ed in this manuscript without time limit. For all other items,
the	time frame for disclosure i	s the past 36 months.	
the	time frame for disclosure i	Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
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the	time frame for disclosure i	Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	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.	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)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work
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Consulting fees

X__None

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

Please summariz	e the abo	ve conflict	of interest	in th	າe fol	lowing	box
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No	conflicts of interest.		
1			

Da	te:2021-10-24		
Yo	ur Name:Shengning	; Zhou	
Ma	nuscript Title:Magi	netic resonance neuroima	ging promotes the preservation of pelvic autonomic nerves
in l	aparoscopic total mesorect	al excision: a comparative	e study
Ma	nuscript number (if known)	:	
rel to rel The	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply inuscript only.	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a o so. hips/activities/interests as they relate to the current is defined broadly. For example, if your manuscript pertains
me In i	edication, even if that medic	ation is not mentioned in	e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated	XNone	

in item #1 above).

Royalties or licenses

Consulting fees

4

X__None

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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	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Please summariz	e the abo	ve conflict	of interest	in th	າe fol	lowing	box
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No conflicts of interest.			
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Du	te:2021-10-24		
Yo	ur Name:Jia'nan 🛚	Гап	
Ma	anuscript Title:Mag	netic resonance neuroima	iging promotes the preservation of pelvic autonomic nerves
in l	laparoscopic total mesorect	al excision: a comparative	e study
Ma	anuscript number (if known)):	
rel pa to rel The ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, be following questions apply anuscript only. The author's relationships/act the epidemiology of hypertedication, even if that medication item #1 below, report all su	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declar cation is not mentioned in	nips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
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	e time frame for disclosure i	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
	e time frame for disclosure i	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
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.	Name all entities with whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution) al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiXNone	(e.g., if payments were made to you or to your institution) al 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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiXNone	(e.g., if payments were made to you or to your institution) al 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. Grants or contracts from any entity (if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiXNone Time frame: pasXNone	(e.g., if payments were made to you or to your institution) al 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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiXNone	(e.g., if payments were made to you or to your institution) al planning of the work

Consulting fees

X__None

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-			
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	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Please summariz	e the abo	ve conflict	of interest	in th	າe fol	lowing	box
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No conflicts of interest.			
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Da	te:2021-10-24			
Yo	ur Name:Jing Hua	ng		
Ma	anuscript Title:Magi	netic resonance neuroima	ging promotes the preservation of pelvic autonomic nerve	es
in	laparoscopic total mesorect	al excision: a comparative	study	
In rel parto rel The ma	the interest of transparency ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hypertedication, even if that medications are content and the epidemiology of the epidemiology of hypertedication, even if that medication, even if the epidemiology of hypertedication, even if that medication, even if the epidemiology of hypertedication, even if the epidemiology of hypertedication is a property and the epidemio	r, we ask you to disclose al manuscript. "Related" me e affected by the content of necessarily indicate a bias it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare cation is not mentioned in	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript. Disclosure represents a commitment of the manuscript about whether to list a coso. Ips/activities/interests as they relate to the current of defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	2
	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other iten	ns,
			Specifications/Comments (e.g., if payments were made to you or to your institution)	ns,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	ms,
		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)	ms,
the	e time frame for disclosure i	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ns,
the	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ns,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ns,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ns,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ns,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ms,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ms,
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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ms,
the	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ms,
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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ms,
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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ms,

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Consulting fees

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

Please summariz	e the abo	ve conflict	of interest	in th	າe fol	lowing	box
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No	conflicts of interest.		
1			

Da	te:2021-10-24		
	ur Name:Jiankun 🛚		
Ma	anuscript Title:Magi	netic resonance neuroima	ging promotes the preservation of pelvic autonomic nerves
in	laparoscopic total mesorect	al excision: a comparative	study
Ma	anuscript number (if known)):	
rel pa to rel The ma The to me	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medications	manuscript. "Related" mee affected by the content necessarily indicate a bias it is preferable that you do to the author's relationsh ivities/interests should be ension, you should declare that it is not mentioned in a poort for the work reported.	ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
		·	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	X None	
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

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Consulting fees

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

Please summariz	e the abo	ve conflict	of interest	in th	າe fol	lowing	box
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No	conflicts of interest.		
1			

Dat	e:2021-10-24		
	r Name:Dongye \		
Maı	nuscript Title:Mag	netic resonance neuroima	aging promotes the preservation of pelvic autonomic nerves
in la	paroscopic total mesorect	al excision: a comparative	e study
Maı	nuscript number (if known)):	
rela part	ted to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a
rela	tionship/activity/interest,	it is preferable that you d	lo so.
<u>mar</u>	nuscript only.		nips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains
to t		ension, you should declar	e all relationships with manufacturers of antihypertensive
	em #1 below, report all su time frame for disclosure i		ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed) Time frame: Since the initi	al planning of the work
	All aumout for the present	X None	al plaining of the work
	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
	Grants or contracts from	X_None	
	any entity (if not indicated		
_	in item #1 above).	V None	
	Royalties or licenses	XNone	

Consulting fees

X__None

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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	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Please summariz	e the abo	ve conflict	of interest	in th	າe fol	lowing	box
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No conflicts of interest.			
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Da	te:2021-10-24		
	ur Name:Fanghai		
Ma	anuscript Title:Mag	netic resonance neuroimag	ging promotes the preservation of pelvic autonomic nerves
in l	laparoscopic total mesorect	al excision: a comparative	study
Ma	anuscript number (if known):	
rel par to rel The ma	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest, e following questions apply muscript only. e author's relationships/act the epidemiology of hypert edication, even if that medication.	manuscript. "Related" mea e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationshit ivities/interests should be ension, you should declare cation is not mentioned in the pport for the work reporte	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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	

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Consulting fees

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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	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
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	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Please summariz	e the abo	ve conflict	of interest	in th	າe fol	lowing	box
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No conflicts of interest.			
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