Date:2022.2.10	
Your Name:Junqian Chen	
Manuscript Title: Efficacy and safety of Chinese medicine combined with balloon dilatation vs. balloon	ì
dilatation alone for achalasia patients: a systematic review and meta-analysis	
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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		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Please	summarize	the above	conflict	of interest	in the	following	hox.
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The author has no conflicts of interest to declare.	

Date:2022.2.10_		-
Your Name:	Xiaoxun Huang	
Manuscript Title:	Combined Chinese medicine with balloon dilatation vs. balloon dilatation alone for	
achalasia patients	: a systematic review and meta-analysis	
Manuscript number	(if known):	

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	A.I	
6	Payment for expert	None	
	testimony		
7	Comment for attending	NI	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	' '	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
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Please	summarize	the above	conflict	of interest	in the	following	hox.
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The author has no conflicts of interest to declare.	

Date:2022.2.10_		
Your Name:	Yingting Li	
Manuscript Title:	_ Efficacy and saf	ety of Chinese medicine combined with balloon dilatation vs. balloon
dilatation alone fo	or achalasia patiei	ts: a systematic review and meta-analysis
Manuscript number	(if known):	

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1	All support for the present	None	
	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
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

The author has no conflicts of interest to declare.	

Date:_	2022.2.10_			
Your N	ame:	_Haomeng Wu		
Manus	cript Title:	_Efficacy and safety of Chinese medicine combined with balloon dilatation vs. balloon		
dilatation alone for achalasia patients: a systematic review and meta-analysis				
Manus	cript number	(if known):		

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

The author has no conflicts of interest to declare.	

Date:2022.2.10_						
Your Name:	Shumin Qin					
Manuscript Title:	Efficacy and safety of Chinese medicine combined with balloon dilatation vs. balloon					
dilatation alone for achalasia patients: a systematic review and meta-analysis						
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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1	All support for the present	None	
	manuscript (e.g., funding,		
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2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
		N. a. a.		
6	Payment for expert	None		
	testimony			
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
11	Stock of stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
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PIE	ease summarize the above o	ominict of interest in the	ionowing pox:	
	The author has no conflict	e of interest to declare		

The author has no conflicts of interest to declare.

Date:2022.2.10)					
Your Name:	_Huan Zheng					
Manuscript Title:Efficacy and safety of Chinese medicine combined with balloon dilatation vs. balloon						
dilatation alone for achalasia patients: a systematic review and meta-analysis						
Manuscript number	er (if known):					

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Please	summarize	the above	conflict	of interest	in the	following	hox.
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The author has no conflicts of interest to declare.	

Da	te:2022.2.10			
Ma		and safety of Chinese n	nedicine combined with balloon dilatation vs. ball c review and meta-analysis	loon
Ma	nuscript number (if known)	:		
rel par to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	I relationships/activities/interests listed below that are cans 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	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hyperte dication, even if that medic	ension, you should declare ation is not mentioned in oport for the work reporte	defined broadly. For example, if your manuscript pertage all relationships with manufacturers of antihypertensing the manuscript. The din this manuscript without time limit. For all other it	ve
		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 initia	l planning of the work	
L	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.	None		
		Time frame: pas	t 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		

Royalties or licenses

None

4	Consulting fees	None				
5	Payment or honoraria for	None				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	None				
	testimony					
7	Support for attending meetings and/or travel	None				
8	Patents planned, issued or	None				
	pending					
0	Dankisia skian an a Data	Nama				
9	Participation on a Data Safety Monitoring Board or	None				
	Advisory Board					
10	Leadership or fiduciary role	None				
10	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	None				
12	Receipt of equipment,	None				
	materials, drugs, medical					
	writing, gifts or other					
4.2	services	A1				
13	Other financial or non- financial interests	None				
	imanciai interests					
	Please summarize the above conflict of interest in the following box: The author has no conflicts of interest to declare.					
Ple	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:2022.2.10 Your Name:	Haiyan Zhang								
	_Efficacy and safety of Chinese medicine combined with balloon dilatation vs. balloon								
dilatation alone f	lilatation alone for achalasia patients: a systematic review and meta-analysis								
Manuscript numbe	r (if known):								
	ansparency, we ask you to disclose all relationships/activities/interests listed below that are ent of your manuscript. "Related" means any relation with for-profit or not-for-profit third								

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		Time frame: past	36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	, , , , , , , , , , , , , , , , , , , ,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
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The author has no conflicts of interest to declare.

Date:2022.2.10_					
Your Name:	_Lijuan Hu				
Manuscript Title:	_Efficacy and safety of Chinese medicine combined with balloon dilatation vs. balloon				
dilatation alone for achalasia patients: a systematic review and meta-analysis					
Manuscript number	(if known):				

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		Time frame: past	36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
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Please	summarize	the above	conflict	of interest	in the	following	hox.
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The author has no conflicts of interest to declare.	

Date:2022.2.10_		
Your Name:	Shaogang Huang	
Manuscript Title:	Efficacy and safety of Chinese medi-	cine combined with balloon dilatation vs. balloon
dilatation alone fo	r achalasia patients: a systematic rev	view and meta-analysis
Manuscript number	(if known):	

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3	Royalties or licenses	None			
4	Consulting fees	None			

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

The author has no conflicts of interest to declare.	