Date:Apr. 25 th , 2021
Your Name:Guoyong Jia
Manuscript Title:_The efficacy and safety of antiepileptics in the prophylaxis of pediatric migraine: the meta-
analysis of randomized controlled trials
Manuscript number (if known):TP-20-478-CL

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)
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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 lectures, presentations,	XNone		
	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	X None		
	Stock of Stock options			
12	Receipt of equipment,	X_None		
12	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non- financial interests	XNone		
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:	
_			-	
None.				
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Date:Apr. 25 th , 2021
Your Name:Xingbang Wang
Manuscript Title:_The efficacy and safety of antiepileptics in the prophylaxis of pediatric migraine: the meta-
analysis of randomized controlled trials
Manuscript number (if known):TP-20-478-CL

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

5	Payment or honoraria for lectures, presentations,	XNone		
	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	X None		
	Stock of Stock options			
12	Receipt of equipment,	X_None		
12	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non- financial interests	XNone		
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:	
_			-	
None.				
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Date:Apr. 25 th , 2021
Your Name:Hongbo Lv
Manuscript Title:_The efficacy and safety of antiepileptics in the prophylaxis of pediatric migraine: the meta-
analysis of randomized controlled trials
Manuscript number (if known):TP-20-478-CL

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone		
	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	X None		
	Stock of Stock options			
12	Receipt of equipment,	X_None		
12	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non- financial interests	XNone		
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:	
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None.				
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Date:Apr. 25 th , 2021
Your Name:Malebo Sarai Cherryl Nonyane
Manuscript Title:_The efficacy and safety of antiepileptics in the prophylaxis of pediatric migraine: the meta-
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Manuscript number (if known):TP-20-478-CL

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4	Consulting fees	X None	

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	educational events			
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7	Support for attending meetings and/or travel	XNone		
	,			
8	Patents planned, issued or	XNone		
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9	Participation on a Data	XNone		
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	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	X None		
	Stock of Stock options			
12	Receipt of equipment,	X_None		
12	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non- financial interests	XNone		
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None.				
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Date:Apr. 25 th , 2021
Your Name:Haiguang Hou
Manuscript Title:_The efficacy and safety of antiepileptics in the prophylaxis of pediatric migraine: the meta-
analysis of randomized controlled trials
Manuscript number (if known):TP-20-478-CL

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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
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	manuscript writing or			
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	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 in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	X None		
12	Receipt of equipment,	X_None		
12	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non- financial interests	XNone		
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None.				
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Date:Apr. 25 th , 2021
Your Name:Lin Ma
Manuscript Title:_The efficacy and safety of antiepileptics in the prophylaxis of pediatric migraine: the meta-
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Manuscript number (if known):TP-20-478-CL

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Date:Apr. 25 th , 2021
Your Name:Peiyan Shan
Manuscript Title:_The efficacy and safety of antiepileptics in the prophylaxis of pediatric migraine: the meta-
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None.				
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Date:Apr. 25 th , 2021
Your Name:Xinwei Wu
Manuscript Title:_The efficacy and safety of antiepileptics in the prophylaxis of pediatric migraine: the meta-
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