

#### Instructions

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| Section 1. Identifying Infor  | mation                         |   |
|---|--------------------------------|---|
| 1. Given Name (First Name)<br>Yuchong   | 2. Surname (Last Name)<br>Zhao | 3. Date<br>10-March-2020                                  |
| 4. Are you the corresponding author?  | Yes 🖌 No                       | Corresponding Author's Name<br>Cheng, Bin; Jin, Zhendong  |
| 5. Manuscript Title<br>A Retrospective Multicenter Study Co<br>Neurolysis<br>6. Manuscript Identifying Number (if you |                                | Ropivacaine in Endoscopic ultrasound Guided Celiac Plexus |

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🖌 No

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Dr. Zhao has nothing to disclose.

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| Section 1.   | Identifying Infor       | mation                        |   |
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| 1. Given Name (Fi<br>Xiaorong                        | rst Name)               | 2. Surname (Last Name)<br>Guo | 3. Date<br>10-March-2020                                  |
| 4. Are you the corresponding author?                 |                         | Yes 🖌 No                      | Corresponding Author's Name<br>Cheng, Bin; Jin, Zhendong  |
| 5. Manuscript Title<br>A Retrospective<br>Neurolysis |                         | mparing Bupivacaine and       | Ropivacaine in Endoscopic ultrasound Guided Celiac Plexus |
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| Section 1.                           | Identifying Inform | nation                         |   |                               |
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| 1. Given Name (Fi<br>Kaixuan         | rst Name)          | 2. Surname (Last Name)<br>Wang |   | 3. Date<br>10-March-2020      |
| 4. Are you the corresponding author? |                    | Yes 🖌 No                       | Corresponding Author's Nar<br>Cheng, Bin; Jin, Zhendong |                               |
| Neurolysis                           |                    |                                | Ropivacaine in Endoscopic ul                            | trasound Guided Celiac Plexus |

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| 1. Given Name (Fi<br>Qian            | rst Name)          | 2. Surname (Last Name)<br>Chen |  | Date<br>-March-2020        |  |
| 4. Are you the corresponding author? |                    | Yes 🖌 No                       | Corresponding Author's Name<br>Cheng, Bin; Jin, Zhendong |                            |  |
| Neurolysis                           |                    |                                | Ropivacaine in Endoscopic ultras                         | sound Guided Celiac Plexus |  |

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| Section 1.                           | Identifying Inform | nation                         |  |                                |  |
|--------------------------------------|--------------------|--------------------------------|--|--------------------------------|--|
| 1. Given Name (Fir<br>Liangkai       | st Name)           | 2. Surname (Last Name)<br>Chen |  | 3. Date<br>10-March-2020       |  |
| 4. Are you the corresponding author? |                    | Yes 🖌 No                       | Corresponding Author's Name<br>Cheng, Bin; Jin, Zhendong |                                |  |
| Neurolysis                           |                    |                                | Ropivacaine in Endoscopic u                              | ltrasound Guided Celiac Plexus |  |

## Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

| Are there any relevant conflicts of interest? |  | Yes |
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|---|--|-----|

# Section 3. Relevant financial activities outside the submitted work.

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| Are there any relevant conflicts of interest? | Yes | $\checkmark$ | No |
|---|-----|--------------|----|
|---|-----|--------------|----|

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Ye | s 🗸 | No |
|--|----|-----|----|
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Dr. Chen has nothing to disclose.

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| Section 1.   | Identifying Infor       | mation                        |   |
|--|-------------------------|-------------------------------|---|
| 1. Given Name (Fin<br>Wei                            | rst Name)               | 2. Surname (Last Name)<br>Gao | 3. Date<br>10-March-2020                                  |
| 4. Are you the corresponding author?                 |                         | Yes 🖌 No                      | Corresponding Author's Name<br>Cheng, Bin; Jin, Zhendong  |
| 5. Manuscript Title<br>A Retrospective<br>Neurolysis |                         | mparing Bupivacaine and       | Ropivacaine in Endoscopic ultrasound Guided Celiac Plexus |
| 6. Manuscript Ider                                   | ntifying Number (if you | know it)                      |   |

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🖌 No

| Are there any relevant conflicts of interest? |  | Yes |
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|---|-----|--------------|----|
|---|-----|--------------|----|

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | 🖌 No |  |
|--|-----|------|--|
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| Section 1.                           | Identifying Infor | mation                          |                          |
|--------------------------------------|-------------------|---------------------------------|--------------------------|
| 1. Given Name (Fin<br>Bin            | rst Name)         | 2. Surname (Last Name)<br>Cheng | 3. Date<br>10-March-2020 |
| 4. Are you the corresponding author? |                   | ✓ Yes No                        |                          |

5. Manuscript Title

A Retrospective Multicenter Study Comparing Bupivacaine and Ropivacaine in Endoscopic ultrasound Guided Celiac Plexus Neurolysis

6. Manuscript Identifying Number (if you know it)

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🖌 No

| Are there any relevant conflicts of interest? |  | Yes |  |
|---|--|-----|--|
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|---|-----|--------------|----|
|---|-----|--------------|----|

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | 🖌 No |  |
|--|-----|------|--|
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| Section 1.                           | Identifying Infor | mation                        |                          |
|--------------------------------------|-------------------|-------------------------------|--------------------------|
| 1. Given Name (Fii<br>Zhendong       | rst Name)         | 2. Surname (Last Name)<br>Jin | 3. Date<br>10-March-2020 |
| 4. Are you the corresponding author? |                   | ✓ Yes No                      |                          |

5. Manuscript Title

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Dr. Jin has nothing to disclose.

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