Date:
 Jun. 30th, 2021

 Your Name:
 Guoqiao Chen

 Manuscript Title:
 <u>The Estimation of Physiologic Ability and Surgical Stress (E-PASS) model as a predictor of postoperative complications and mortality after digestive surgeries: A meta-analysis and systematic review

 Manuscript number (if known):
 APM-21-941

</u>

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) |
|---|--|--|---|
| 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. | Time frame: Since the initialX_None | planning of the work |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| З | 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 | | |
| 10 | 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- | X None | |
| | financial interests | | |
| | | | |

None

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 Jun. 30th, 2021

 Your Name:
 Yongle Chen

 Manuscript Title:
 <u>The Estimation of Physiologic Ability and Surgical Stress (E-PASS) model as a predictor of postoperative complications and mortality after digestive surgeries: A meta-analysis and systematic review

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| 4 | Consulting fees | XNone | |

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| | | | |
| 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 | | |
| 10 | 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- | X None | |
| | financial interests | | |
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None

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 Jun. 30th, 2021

 Your Name:
 Yili Dai

 Manuscript Title:
 <u>The Estimation of Physiologic Ability and Surgical Stress (E-PASS) model as a predictor of postoperative complications and mortality after digestive surgeries: A meta-analysis and systematic review

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|---|-------------------------------|--|---|
| | | Time frame: Since the initial | 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. | | |
| | | | |
| | | | |
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| 3 | Royalties or licenses | XNone | |
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| 7 | Support for attending meetings and/or travel | XNone | |
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| | | | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
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| | financial interests | | |
| | | | |

None

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 Jun. 30th, 2021

 Your Name:
 Zhaoqi Shi

 Manuscript Title:
 <u>The Estimation of Physiologic Ability and Surgical Stress (E-PASS) model as a predictor of postoperative complications and mortality after digestive surgeries: A meta-analysis and systematic review

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| 4 | Consulting fees | XNone | |

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| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
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None

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 Jun. 30th, 2021

 Your Name:
 Junhai Pan

 Manuscript Title:
 <u>The Estimation of Physiologic Ability and Surgical Stress (E-PASS) model as a predictor of postoperative complications and mortality after digestive surgeries: A meta-analysis and systematic review

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| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
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None

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 Jun. 30th, 2021

 Your Name:
 Xiaoxiao Fan

 Manuscript Title:
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| | | | |
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| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
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| | financial interests | | |
| | | | |

None

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 Jun. 30th, 2021

 Your Name:
 Hui Lin

 Manuscript Title:
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