

ICMJE DISCLOSURE FORM

Date: 2021.12.25

Your Name: Jing Wei Wu

Manuscript Title: Efficacy and safety of microvascular decompression versus percutaneous balloon compression in the treatment of trigeminal neuralgia: 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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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	<u> </u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
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Please summarize the above conflict of interest in the following box:

We state there is no conflict of interest

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Date: 2021.12.25

Your Name: Ying Xiao

Manuscript Title: Efficacy and safety of microvascular decompression versus percutaneous balloon compression in the treatment of trigeminal neuralgia: a systematic review and meta-analysis

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Date: 2021.12.25

Your Name: Bin Chen

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Your Name: Ruizhu Zhang

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