

ICMJE DISCLOSURE FORM

Date: 2/22/2022

Your Name: Yihang Qi

Manuscript Title: Opioid-free anesthesia and opioid-sparing anesthesia in oral and maxillofacial surgery: a meta-analysis review of randomized controlled trials

Manuscript Number (if known): NA

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.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | 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. | <input checked="" type="checkbox"/> None | | | | | | | | | | | | |
| Time frame: past 36 months | | | | | | | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%;">Natural Science Foundation of China</td> <td style="width: 35%;">No. 81872160</td> <td style="width: 10%;"></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82072940</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82103047</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82102887</td> <td></td> </tr> </table> | Natural Science Foundation of China | No. 81872160 | | Natural Science Foundation of China | No. 82072940 | | Natural Science Foundation of China | No. 82103047 | | Natural Science Foundation of China | No. 82102887 | |
| Natural Science Foundation of China | No. 81872160 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82072940 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82103047 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82102887 | | | | | | | | | | | | | |

| | | 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) | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|--|
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 554 1507 695"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 793 1507 898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1146 1507 1251"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1360 1507 1465"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1579 1507 1684"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1793 1507 1898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | 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) | | | | | | |
|----|---|--|---|--|--|--|--|--|--|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 596 1507 701"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 814 1507 919"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1033 1507 1138"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: 5/18/2022

Your Name: Tim Wang

Manuscript Title: Opioid-free anesthesia and opioid-sparing anesthesia in oral and maxillofacial surgery: a meta-analysis review of randomized controlled trials

Manuscript Number (if known): NA

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | 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. | <input type="checkbox"/> None | | | | | | | | | | | | |
| Time frame: past 36 months | | | | | | | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 55%;">Natural Science Foundation of China</td> <td style="width: 30%;">No. 81872160</td> <td style="width: 15%;"></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82072940</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82103047</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82102887</td> <td></td> </tr> </table> | Natural Science Foundation of China | No. 81872160 | | Natural Science Foundation of China | No. 82072940 | | Natural Science Foundation of China | No. 82103047 | | Natural Science Foundation of China | No. 82102887 | |
| Natural Science Foundation of China | No. 81872160 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82072940 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82103047 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82102887 | | | | | | | | | | | | | |

| | | 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) | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|--|
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 554 1507 690"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 793 1507 898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1146 1507 1251"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1360 1507 1465"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1579 1507 1684"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1797 1507 1902"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | 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) | | | | | | |
|----|---|--|---|--|--|--|--|--|--|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 596 1507 701"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 814 1507 919"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1033 1507 1138"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2/22/2022

Your Name: Hao Dong

Manuscript Title: Opioid-free anesthesia and opioid-sparing anesthesia in oral and maxillofacial surgery: a meta-analysis review of randomized controlled trials

Manuscript Number (if known): [NA]

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.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | 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. | <input checked="" type="checkbox"/> None | | | | | | | | | | | | |
| Time frame: past 36 months | | | | | | | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Natural Science Foundation of China</td> <td style="width: 30%;">No. 81872160</td> <td style="width: 20%;"></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82072940</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82103047</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82102887</td> <td></td> </tr> </table> | Natural Science Foundation of China | No. 81872160 | | Natural Science Foundation of China | No. 82072940 | | Natural Science Foundation of China | No. 82103047 | | Natural Science Foundation of China | No. 82102887 | |
| Natural Science Foundation of China | No. 81872160 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82072940 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82103047 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82102887 | | | | | | | | | | | | | |

| | | 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) | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|--|
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 554 1507 690"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 793 1507 898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1146 1507 1251"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1360 1507 1465"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1579 1507 1684"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1793 1507 1898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | 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) | | | | | | |
|----|---|--|---|--|--|--|--|--|--|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 596 1507 701"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 814 1507 919"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1033 1507 1138"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 5/18/2022

Your Name: Nancy Zhu

Manuscript Title: Opioid-free anesthesia and opioid-sparing anesthesia in oral and maxillofacial surgery: a meta-analysis review of randomized controlled trials

Manuscript Number (if known): NA

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.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | 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. | <input type="checkbox"/> None | | | | | | | | | | | | |
| Time frame: past 36 months | | | | | | | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Natural Science Foundation of China</td> <td style="width: 20%;">No. 81872160</td> <td style="width: 20%;"></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82072940</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82103047</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82102887</td> <td></td> </tr> </table> | Natural Science Foundation of China | No. 81872160 | | Natural Science Foundation of China | No. 82072940 | | Natural Science Foundation of China | No. 82103047 | | Natural Science Foundation of China | No. 82102887 | |
| Natural Science Foundation of China | No. 81872160 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82072940 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82103047 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82102887 | | | | | | | | | | | | | |

| | | 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) | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|--|
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 554 1507 690"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 793 1507 898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1146 1507 1251"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1360 1507 1465"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1579 1507 1684"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1793 1507 1898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | 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) | | | | | | |
|----|---|--|---|--|--|--|--|--|--|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 596 1507 701"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 814 1507 919"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1033 1507 1138"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 5/18/2022

Your Name: Yuxian Liu

Manuscript Title: Opioid-free anesthesia and opioid-sparing anesthesia in oral and maxillofacial surgery: a meta-analysis review of randomized controlled trials

Manuscript Number (if known): NA

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.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | 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. | <input checked="" type="checkbox"/> None | | | | | | | | | | | | |
| Time frame: past 36 months | | | | | | | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Natural Science Foundation of China</td> <td style="width: 30%;">No. 81872160</td> <td style="width: 20%;"></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82072940</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82103047</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82102887</td> <td></td> </tr> </table> | Natural Science Foundation of China | No. 81872160 | | Natural Science Foundation of China | No. 82072940 | | Natural Science Foundation of China | No. 82103047 | | Natural Science Foundation of China | No. 82102887 | |
| Natural Science Foundation of China | No. 81872160 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82072940 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82103047 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82102887 | | | | | | | | | | | | | |

| | | 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) | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|--|
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 554 1507 690"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 793 1507 898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1146 1507 1251"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1360 1507 1465"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1579 1507 1684"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1793 1507 1898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | 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) | | | | | | |
|----|---|--|---|--|--|--|--|--|--|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 596 1507 701"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 814 1507 919"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1033 1507 1138"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2/22/2022

Your Name: Xiangyi Kong

Manuscript Title: Opioid-free anesthesia and opioid-sparing anesthesia in oral and maxillofacial surgery: a meta-analysis review of randomized controlled trials

Manuscript Number (if known): NA

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.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | 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. | <input checked="" type="checkbox"/> None | | | | | | | | | | | | |
| Time frame: past 36 months | | | | | | | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Natural Science Foundation of China</td> <td style="width: 30%;">No. 81872160</td> <td style="width: 20%;"></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82072940</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82103047</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82102887</td> <td></td> </tr> </table> | Natural Science Foundation of China | No. 81872160 | | Natural Science Foundation of China | No. 82072940 | | Natural Science Foundation of China | No. 82103047 | | Natural Science Foundation of China | No. 82102887 | |
| Natural Science Foundation of China | No. 81872160 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82072940 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82103047 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82102887 | | | | | | | | | | | | | |

| | | 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) | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|--|
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 554 1507 690"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 793 1507 898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1146 1507 1251"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1360 1507 1465"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1579 1507 1684"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1793 1507 1898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | 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) | | | | | | |
|----|---|--|---|--|--|--|--|--|--|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 596 1507 701"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 814 1507 919"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1033 1507 1138"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2/22/2022

Your Name: Jingping Wang

Manuscript Title: Opioid-free anesthesia and opioid-sparing anesthesia in oral and maxillofacial surgery: a meta-analysis review of randomized controlled trials

Manuscript Number (if known): NA

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.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | 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. | <input checked="" type="checkbox"/> None | | | | | | | | | | | | |
| Time frame: past 36 months | | | | | | | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Natural Science Foundation of China</td> <td style="width: 30%;">No. 81872160</td> <td style="width: 20%;"></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82072940</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82103047</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82102887</td> <td></td> </tr> </table> | Natural Science Foundation of China | No. 81872160 | | Natural Science Foundation of China | No. 82072940 | | Natural Science Foundation of China | No. 82103047 | | Natural Science Foundation of China | No. 82102887 | |
| Natural Science Foundation of China | No. 81872160 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82072940 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82103047 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82102887 | | | | | | | | | | | | | |

| | | 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) | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|--|
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 554 1507 690"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 793 1507 898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1146 1507 1251"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1360 1507 1465"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1579 1507 1684"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1793 1507 1898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | 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) | | | | | | |
|----|---|--|---|--|--|--|--|--|--|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 596 1507 701"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 814 1507 919"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1033 1507 1138"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2/22/2022

Your Name: Jing Wang

Manuscript Title: Opioid-free anesthesia and opioid-sparing anesthesia in oral and maxillofacial surgery: a meta-analysis review of randomized controlled trials

Manuscript Number (if known): NA

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.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | 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. | <input checked="" type="checkbox"/> None | | | | | | | | | | | | |
| Time frame: past 36 months | | | | | | | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Natural Science Foundation of China</td> <td style="width: 30%;">No. 81872160</td> <td style="width: 20%;"></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82072940</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82103047</td> <td></td> </tr> <tr> <td>Natural Science Foundation of China</td> <td>No. 82102887</td> <td></td> </tr> </table> | Natural Science Foundation of China | No. 81872160 | | Natural Science Foundation of China | No. 82072940 | | Natural Science Foundation of China | No. 82103047 | | Natural Science Foundation of China | No. 82102887 | |
| Natural Science Foundation of China | No. 81872160 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82072940 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82103047 | | | | | | | | | | | | | |
| Natural Science Foundation of China | No. 82102887 | | | | | | | | | | | | | |

| | | 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) | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|--|
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 554 1507 690"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 793 1507 898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1146 1507 1251"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1360 1507 1465"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1579 1507 1684"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1793 1507 1898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | 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) | | | | | | |
|----|---|--|---|--|--|--|--|--|--|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 310 1507 415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 596 1507 701"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 814 1507 919"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1033 1507 1138"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.