

ICMJE DISCLOSURE FORM

Date: 2021-4-21

Your Name: Tao Zhang

Manuscript Title: Single-docking robotic-assisted artery-guided segmental splenic flexure colectomy for splenic flexure cancer—a propensity score-matching 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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		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.	Youth Development Program of Ruijin Hospital, the Shanghai Jiaotong University School of Medicine, [2019QNPY01010 (TZ)], and the Shanghai Charity Cancer Foundation (TZ).	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

Dr. Zhang reports funding from Youth Development Program of Ruijin Hospital, the Shanghai Jiaotong University School of Medicine, [2019QNPY01010 (TZ)], and the Shanghai Charity Cancer Foundation (TZ).

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

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ICMJE DISCLOSURE FORM

Date: 2021-4-21

Your Name: Zijia Song

Manuscript Title: Single-docking robotic-assisted artery-guided segmental splenic flexure colectomy for splenic flexure cancer—a propensity score-matching analysis

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-4-21

Your Name: Yaqi Zhang

Manuscript Title: Single-docking robotic-assisted artery-guided segmental splenic flexure colectomy for splenic flexure cancer—a propensity score-matching analysis

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Date: 2021-4-21

Your Name: Xiaopin Ji

Manuscript Title: Single-docking robotic-assisted artery-guided segmental splenic flexure colectomy for splenic flexure cancer—a propensity score-matching analysis

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Your Name: Xiaoqian Jing

Manuscript Title: Single-docking robotic-assisted artery-guided segmental splenic flexure colectomy for splenic flexure cancer—a propensity score-matching analysis

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Your Name: Yi Shi

Manuscript Title: Single-docking robotic-assisted artery-guided segmental splenic flexure colectomy for splenic flexure cancer—a propensity score-matching analysis

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Your Name: XI Cheng

Manuscript Title: Single-docking robotic-assisted artery-guided segmental splenic flexure colectomy for splenic flexure cancer—a propensity score-matching analysis

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ICMJE DISCLOSURE FORM

Date: 2021-4-21

Your Name: Ren Zhao

Manuscript Title: Single-docking robotic-assisted artery-guided segmental splenic flexure colectomy for splenic flexure cancer—a propensity score-matching analysis

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