Da	te:June 7, 2021		
	ur Name: Wei-Gen Z	 !eng	
		~	n nonagenarian patients: a multicenter retrospective study
	nnuscript number (if known)		
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rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" med e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.
	e following questions apply inuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all sup e time frame for disclosure is		d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		T: f	26 months
)	Grants or contracts from	Time frame: past	56 months
_		None	
	any entity (if not indicated in item #1 above).		
3	,	None	
)	Royalties or licenses	None	
1	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	
Ple	ase summarize the above o	onflict of interest in the fol	lowing hox:

I have no conflicts of interest to declare		

Da	ite:June 7, 2021		
Yo	ur Name:Meng-Jia	Liu	
M	anuscript Title: outcomes of	colorectal cancer surgery	in nonagenarian patients: a multicenter retrospective study
M	anuscript number (if known)):	
re pa to	lated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a
		it is preferable that you a	
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to m	the epidemiology of hypertoedication, even if that medic	ension, you should declar ation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains te all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,
		Name all antition with	Considerations (Comments
		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 initi	al 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.	None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
1	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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Ple	ase summarize the above o	onflict of interest in the fol	lowing hox:

I have no conflicts of interest to declare		

Da	te:June 7, 2021		
	ur Name:Zhi-Xiang	 Zhou	
			in nonagenarian patients: a multicenter retrospective study
	anuscript number (if known)	~ .	
			I relationships/activities/interests listed below that are
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	· -	pport for the work reporte s the past 36 months.	ed in this manuscript without time limit. For all other items,
	e time frame for disclosure i	s the past so months.	
	e time frame for disclosure i	Name all entities with	Specifications/Comments
	e time frame for disclosure i		Specifications/Comments (e.g., if payments were made to you or to your
	e time frame for disclosure i	Name all entities with	
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	e time frame for disclosure i	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
	e time frame for disclosure i	Name all entities with whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
1	All support for the present	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	(e.g., if payments were made to you or to your institution) I 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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaNone	(e.g., if payments were made to you or to your institution) I planning of the work
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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. Grants or contracts from any entity (if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: pastNone	(e.g., if payments were made to you or to your institution) I planning of the work
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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	
Ple	ase summarize the above o	onflict of interest in the fol	lowing hox:

I have no conflicts of interest to declare		

Da	ite:June 7, 2021			
	ur Name:Jun-Jie Hu			
Ma	anuscript Title: outcomes of	colorectal cancer surgery i	in nonagenarian patients: a multicenter retrospective stud	ly
Ma	anuscript number (if known)):		
In	the interest of transparency	, wo ask you to disclose all	relationships/activities/interests listed below that are	
			ans any relation with for-profit or not-for-profit third	
	-	<u>-</u>	of the manuscript. Disclosure represents a commitment	
-	-	=	If you are in doubt about whether to list a	
	ationship/activity/interest,	-		
	,	,		
Th	e following questions apply	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
ma	anuscript only.			
Th	e author's relationships/act	ivities/interests should be	defined broadly. For example, if your manuscript pertains	;
to	the epidemiology of hypert	ension, you should declare	all relationships with manufacturers of antihypertensive	
me	edication, even if that medic	cation is not mentioned in	the manuscript.	
	· · · · ·		d in this manuscript without time limit. For all other item	s,
the	e time frame for disclosure i	s the past 36 months.		
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	l planning of the work	
	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.) No time limit for this item.			
	No time ininit for this item.			
		Time frame: past	36 months	
)	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
}	Royalties or licenses	None		
ŀ	Consulting fees	None		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	None	
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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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Ple	ase summarize the above o	onflict of interest in the fol	lowing hox:

I have no conflicts of interest to declare		

Da	te:June 7, 2021		
	ur Name: Zhen-Jun \	Wang	
Ma	anuscript Title: outcomes of	colorectal cancer surgery i	n nonagenarian patients: a multicenter retrospective study
	anuscript number (if known)		· · · · · · · · · · · · · · · · · · ·
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
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to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
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		Name all entities with	Specifications/Comments
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		Time frame: Since the initia	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
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		Time from a most	26 months
)	Grants or contracts from	Time frame: past None	50 months
<u> </u>	any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
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1	Consulting fees	None	

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