

## ICMJE DISCLOSURE FORM

Date: November 18, 2021

Your Name: Feng Wang

Manuscript Title: Open distal gastrectomy versus laparoscopic distal gastrectomy for early gastric cancer: a retrospective study

Manuscript number (if known): None

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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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.

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

The author has no conflicts of interest to declare.

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

**X   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: November 18, 2021

Your Name: Shengbo Zhang

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## ICMJE DISCLOSURE FORM

Date: November 18, 2021

Your Name: Wei Zhao

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## ICMJE DISCLOSURE FORM

Date: November 18, 2021

Your Name: Deyou Wang

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Manuscript number (if known): None

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## ICMJE DISCLOSURE FORM

Date: November 18, 2021

Your Name: Sifeng Tang

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Date: November 18, 2021

Your Name: Qiwen Zhang

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