ICMJE DISCLOSURE FORM

Date:2022-8-9
Your Name:Liping Wu
Manuscript Title: Effects of sevoflurane and propofol on postoperative nausea and vomiting in patients with
colorectal cancer placed under general anesthesia: 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

The authors have 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:2022-8-9	
Your Name:Yizhen Li	
Manuscript Title: Effects of sevoflurane and propofol on postoperative nausea and vomiting in patients	<u>with</u>
colorectal cancer placed under general anesthesia: a systematic review and meta-analysis	
Manuscript number (if known):	

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Date:2022-8-9	
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Manuscript Title: Effects of sevoflurane and propofol on postoperative nausea and vomiting in patients	with
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Manuscript number (if known):	

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