## **ICMJE DISCLOSURE FORM**

Date:\_\_\_\_May. 29th, 2024\_

ur Name:Yunlong Dai			
anuscript Title: Assessr	ment of Preoperative Sho	rt-Term Parenteral Nutrition in Gastric Cancer Surgery	
ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	eans 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 anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
the epidemiology of hypertoedication, even if that medication item #1 below, report all su	ension, you should declare ation is not mentioned in pport for the work reporte	e all relationships with manufacturers of antihypertensive the manuscript.	•
	Name all entities with	Specifications/Comments	
	whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)	
	_	al planning of the work	
All support for the present	V None		
1 7 7			
provision of study materials,			
medical writing, article			
No time limit for this item.			
	Time frame: nas	t 36 months	
	Time traine: pas		
Grants or contracts from	XNone		
any entity (if not indicated	·		
any entity (if not indicated in item #1 above).	XNone		
any entity (if not indicated	·		
any entity (if not indicated in item #1 above).	XNone		
	anuscript Title:Assessmanuscript number (if known) the interest of transparency ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only.  e author's relationships/act the epidemiology of hyperte edication, even if that medic item #1 below, report all su e time frame for disclosure i  All support for the present manuscript (e.g., funding, provision of study materials,	anuscript Title: Assessment of Preoperative Shoranuscript number (if known): JGO-24-324  the interest of transparency, we ask you to disclose a ated to the content of your manuscript. "Related" merties whose interests may be affected by the content transparency and does not necessarily indicate a bias ationship/activity/interest, it is preferable that you defollowing questions apply to the author's relationshanuscript only.  e author's relationships/activities/interests should be the epidemiology of hypertension, you should declared dication, even if that medication is not mentioned in item #1 below, report all support for the work reported 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)  Time frame: Since the initial interests in the processing charges, etc.)  No time limit for this item.	anuscript Title:Assessment of Preoperative Short-Term Parenteral Nutrition in Gastric Cancer Surgery anuscript number (if known):

		1	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	_
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
_0	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
mate	materials, drugs, medical		
	writing, gifts or other		
	services		
42		V N	
13	Other financial or non-	XNone	
	financial interests		
Ple	Please summarize the above conflict of interest in the following box:		
_			
	None.		

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:\_\_\_\_May. 29th, 2024\_\_\_\_

Yo	Your Name:Qingbo Feng						
Manuscript Title:Assessment of Preoperative Short-Term Parenteral Nutrition in Gastric Cancer Surgery							
Ma	Manuscript number (if known):JGO-24-324						
In	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are				
rel	ated to the content of your	manuscript. "Related" mea	ans any relation with for-profit or not-for-profit third				
pa	rties whose interests may be	e affected by the content o	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				
	ationship/activity/interest,	-	· · · ·				
	,	,					
Th	e following questions apply	to the author's relationshi	ps/activities/interests as they relate to the current				
ma	anuscript only.		· · · · · · · · · · · · · · · · · · ·				
	<del></del>						
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 t	the manuscript.				
			•				
In	item #1 below, report all su	pport for the work reporte	d in this manuscript without time limit. For all other items,				
	e time frame for disclosure i	• •	•				
		·					
		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	XNone					
	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	X None					
_	any entity (if not indicated						
	in item #1 above).						
3	Royalties or licenses	X None					
	,						
4	Consulting fees	X None					
4	Consulting fees	XNone					
4	Consulting fees	XNone					

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

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.