

## ICMJE DISCLOSURE FORM

Date: 2022.5.5

Your Name: Hongyuan Hu

Manuscript Title: Meta-analysis of risk factors for lower extremity lymphedema after cervical cancer treatment

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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13	Other financial or non-financial interests	___ None	

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**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: 2022.5.5

Your Name: Mingru Fu

Manuscript Title: Meta-analysis of risk factors for lower extremity lymphedema after cervical cancer treatment

Manuscript number (if known): ARES-DG84-JF-2204 -2022-0404-0502

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Date: 2022.5.5

Your Name: Xiujin Huang

Manuscript Title: Meta-analysis of risk factors for lower extremity lymphedema after cervical cancer treatment

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Date: 2022.5.5

Your Name: Ju Huang

Manuscript Title: Meta-analysis of risk factors for lower extremity lymphedema after cervical cancer treatment

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Date: 2022.5.5

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