

## ICMJE DISCLOSURE FORM

**Date:** 4/19/2022

**Your Name:** Bo-Wei Xia

**Manuscript Title:** Efficacy of the No. 10 Lymphadenectomy with Spleen Preservation on Patients with Gastric Cancer and/or Esophagogastric Junction Adenocarcinoma who Underwent Total Gastrectomy: A Systematic Review and Meta-analysis

**Manuscript Number (if known):** TCR-22-522

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	<input checked="" type="checkbox"/> None	

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

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**Your Name:** Chen Wang

**Manuscript Title:** Efficacy of the No. 10 Lymphadenectomy with Spleen Preservation on Patients with Gastric Cancer and/or Esophagogastric Junction Adenocarcinoma who Underwent Total Gastrectomy: A Systematic Review and Meta-analysis

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## ICMJE DISCLOSURE FORM

**Date:** 4/19/2022

**Your Name:** Yong-Yong Liu

**Manuscript Title:** Efficacy of the No. 10 Lymphadenectomy with Spleen Preservation on Patients with Gastric Cancer and/or Esophagogastric Junction Adenocarcinoma who Underwent Total Gastrectomy: A Systematic Review and Meta-analysis

**Manuscript Number (if known):** TCR-22-522

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**Your Name:** Xiao-Dong He

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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

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:** 4/19/2022

**Your Name:** Ying-Xin Kang

**Manuscript Title:** Efficacy of the No. 10 Lymphadenectomy with Spleen Preservation on Patients with Gastric Cancer and/or Esophagogastric Junction Adenocarcinoma who Underwent Total Gastrectomy: A Systematic Review and Meta-analysis

**Manuscript Number (if known):** TCR-22-522

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## ICMJE DISCLOSURE FORM

**Date:** 4/19/2022

**Your Name:** Xin-Yuan Zhou

**Manuscript Title:** Efficacy of the No. 10 Lymphadenectomy with Spleen Preservation on Patients with Gastric Cancer and/or Esophagogastric Junction Adenocarcinoma who Underwent Total Gastrectomy: A Systematic Review and Meta-analysis

**Manuscript Number (if known):** TCR-22-522

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## ICMJE DISCLOSURE FORM

**Date:** 4/19/2022

**Your Name:** Xiao-Lu Su

**Manuscript Title:** Efficacy of the No. 10 Lymphadenectomy with Spleen Preservation on Patients with Gastric Cancer and/or Esophagogastric Junction Adenocarcinoma who Underwent Total Gastrectomy: A Systematic Review and Meta-analysis

**Manuscript Number (if known):** TCR-22-522

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**Date:** 4/19/2022

**Your Name:** Yue-Bin Wang

**Manuscript Title:** Efficacy of the No. 10 Lymphadenectomy with Spleen Preservation on Patients with Gastric Cancer and/or Esophagogastric Junction Adenocarcinoma who Underwent Total Gastrectomy: A Systematic Review and Meta-analysis

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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:** 4/19/2022

**Your Name:** Min-Xue Chen

**Manuscript Title:** Efficacy of the No. 10 Lymphadenectomy with Spleen Preservation on Patients with Gastric Cancer and/or Esophagogastric Junction Adenocarcinoma who Underwent Total Gastrectomy: A Systematic Review and Meta-analysis

**Manuscript Number (if known):** TCR-22-522

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 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.

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.

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<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p>						
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## ICMJE DISCLOSURE FORM

**Date:** 4/19/2022

**Your Name:** Bo-Xiong Kang

**Manuscript Title:** Efficacy of the No. 10 Lymphadenectomy with Spleen Preservation on Patients with Gastric Cancer and/or Esophagogastric Junction Adenocarcinoma who Underwent Total Gastrectomy: A Systematic Review and Meta-analysis

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