

## ICMJE DISCLOSURE FORM

Date: 06/14/2023

Your Name: Masayoshi Terayama

Manuscript Title: Long-term impact of sarcopenia in older patients undergoing gastrectomy for gastric cancer: 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.

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|   |  | 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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | None   |   |
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|   |  |  |   |
| 3   | Royalties or licenses  | None   |   |
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| 4   | Consulting fees  | None   |   |
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| 7  | Support for attending meetings and/or travel   | ___ None |  |
| 8  | Patents planned, issued or pending   | ___ None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | ___ None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | ___ None |  |
| 11 | Stock or stock options   | ___ None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ___ None |  |
| 13 | Other financial or non-financial interests   | ___ None |  |

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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: 06/14/2023

Your Name: Manabu Ohashi

Manuscript Title: Long-term impact of sarcopenia in older patients undergoing gastrectomy for gastric cancer: A systematic review and meta-analysis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 06/14/2023

Your Name: Motonari Ri

Manuscript Title: Long-term impact of sarcopenia in older patients undergoing gastrectomy for gastric cancer: A systematic review and meta-analysis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 06/14/2023

Your Name: Rie Makuuchi

Manuscript Title: Long-term impact of sarcopenia in older patients undergoing gastrectomy for gastric cancer: A systematic review and meta-analysis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 06/14/2023

Your Name: Masaru Hayami

Manuscript Title: Long-term impact of sarcopenia in older patients undergoing gastrectomy for gastric cancer: A systematic review and meta-analysis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 06/14/2023

Your Name: Satoshi Ida

Manuscript Title: Long-term impact of sarcopenia in older patients undergoing gastrectomy for gastric cancer: A systematic review and meta-analysis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 06/14/2023

Your Name: Koshi kumagai

Manuscript Title: Long-term impact of sarcopenia in older patients undergoing gastrectomy for gastric cancer: A systematic review and meta-analysis (invited)

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 06/14/2023

Your Name: Takeshi Sano

Manuscript Title: Long-term impact of sarcopenia in older patients undergoing gastrectomy for gastric cancer: A systematic review and meta-analysis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 06/14/2023

Your Name: Souya Nunobe

Manuscript Title: Long-term impact of sarcopenia in older patients undergoing gastrectomy for gastric cancer: A systematic review and meta-analysis

Manuscript number (if known): \_\_\_\_\_

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