

## ICMJE DISCLOSURE FORM

Date: 25<sup>th</sup> Feb 2021  
 Your Name: Qingbo Feng  
 Manuscript Title: Perioperative and short-term oncological outcomes following Laparoscopic versus Open Pancreaticoduodenectomy after learning curve in the past 10 years: a systematic review and meta-analysis  
 Manuscript number (if known): GS-20-916-CL

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 **current manuscript only**.

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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)
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3	Royalties or licenses	_____None	
4	Consulting fees	_____None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>      </u> None	
6	Payment for expert testimony	<u>      </u> None	
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8	Patents planned, issued or pending	<u>      </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>      </u> None	
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11	Stock or stock options	<u>      </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>      </u> None	
13	Other financial or non-financial interests	<u>      </u> None	

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

I report no conflicts of interest in this work.
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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.**

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Date: 25<sup>th</sup> Feb 2021

Your Name: Zechang Xin

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Date: 26<sup>th</sup> Feb 2021

Your Name: Bo Zhu

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