Date: April 27th, 2021	
Your Name: Rongyang Li	
Manuscript Title: The effect of Enhanced Recovery Afte	r Surgery (ERAS) Program on Surgery of Lung cancer: A
systematic review and meta-analysis	
Manuscript number (if known):	JTD-21-433

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u>√</u> None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	/None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	· · · · · · · · · · · · · · · · · · ·
6	Payment for expert testimony	None	
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	
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: April 27th, 202	
Your Name: Kun Wang	
Manuscript Title: The effect of Enhanced Recover	y After Surgery (ERAS) Program on Surgery of Lung cancer: A
systematic review and meta-ana	
Manuscript number (if known):	JTD-21-433

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or	:	
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	<u>√</u> None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	_√None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	✓ None	
	in other board, society,		
	committee or advocacy		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	group, paid or unpaid		
11	Stock or stock options	<u>✓</u> None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
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	None.		
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Date: 100 / 1/2 2021	
Your Name: Chenahan Qu.	
Manuscript Title: The effect of Enhanced Recovery After	er Surgery (ERAS) Program on Surgery of Lung cancer: A
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Manuscript number (if known):	JTD-21-433

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
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6	Payment for expert	None	
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7	Support for attending	None	
	meetings and/or travel		
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8	Patents planned, issued or	, / None	
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9	Participation on a Data	/ 21	
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	Safety Monitoring Board or Advisory Board		
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10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
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11	Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-		
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	illiancial interests		
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Date: April 27th · 202	
Your Name: Westeng QZ	
	er Surgery (ERAS) Program on Surgery of Lung cancer: A
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	lectures, presentations,		
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	manuscript writing or		
	educational events		
6	Payment for expert	None	
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7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or	√ None	
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9	Participation on a Data	None	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	\ None	
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	committee or advocacy	, , , , , , , , , , , , , , , , , , , ,	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services	,	
13	Other financial or non-	None	
	financial interests		
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Ple	ease summarize the above o	conflict of interest in the fo	llowing box:
	None		
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Date: Pril	27th - 2021	
Your Name:	Tau Fong	
Manuscript Title: TI	he effect of Enhanced Recove	ry After Surgery (ERAS) Program on Surgery of Lung cancer: A
<u>sy</u> :	stematic review and meta-an	alysis
Manuscript number	r (if known):	JTD-21-433

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]	manuscript writing or		
	educational events		
6	Payment for expert	√ None	***************************************
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7	Support for attending	/_None	A CONTRACTOR OF THE CONTRACTOR
	meetings and/or travel		
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8	Patents planned, issued or	_∨_None	
	pending		
9	Participation on a Data	None	
1	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
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	group, paid or unpaid		
11	Stock or stock options	None	
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	materials, drugs, medical		
	writing, gifts or other		1
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Date: Dopped of the - word	
Your Name: Wosmshy Jule	
Manuscript Title: The effect of Enhanced Recovery	ery After Surgery (ERAS) Program on Surgery of Lung cancer: A
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	speakers bureaus,				
	manuscript writing or				
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	Safety Monitoring Board or				
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10	Leadership or fiduciary role	√ None			
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Date: April 27th 2021	
Your Name: Mia, Tian	
Manuscript Title: The effect of Enhanced Recovery	After Surgery (ERAS) Program on Surgery of Lung cancer: A
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3	Royalties or licenses	None	
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	speakers bureaus,		
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	educational events		
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	pending		
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	Safety Monitoring Board or		
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11	Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	Notice	
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Please summarize the above conflict of interest in the following box:

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None.		
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Please place an "X" next to the following statement to indicate your agreement:

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