ICMJE DISCLOSURE FORM

Date: 2022/3/3
Your Name: Qian Zhang
Manuscript Title: Short-term and long-term outcomes of natural orifice specimen extraction surgeries (NOSES) in rectal cancer: comparison of NOSES and non-NOTES
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.

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) |
|---|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                                 |
|   | *No time limit for this item.*                                                               |                                                                                      |

**Time frame: Since the initial planning of the work**

|   |   |   |
|---|---|---|
| 1 |   |   |
|   |   |   |
|   |   |   |

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
|   |   |   |

**Time frame: past 36 months**

|   |   |   |
|---|---|---|
| 3 | Royalties or licenses | _X_ None |
|   |   |   |

|   |   |   |
|---|---|---|
| 4 | Consulting fees | _X_ None |
|   |   |   |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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

None.

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: 2022/3/3
Your Name: Meng Wang
Manuscript Title: Short-term and long-term outcomes of natural orifice specimen extraction surgeries (NOSES) in rectal cancer: comparison of NOSES and non-NOSES
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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
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| 4 | Consulting fees | _X_ None |

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   |                                                                                           |   |
|---|-------------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                             | _X_ None |
| 7 | Support for attending meetings and/or travel                                              | _X_ None |
| 8 | Patents planned, issued or pending                                                        | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                         | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                                    | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services          | _X_ None |
| 13| Other financial or non-financial interests                                                 | _X_ None |

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ICMJE DISCLOSURE FORM

Date: 2022/3/3
Your Name: Dening Ma
Manuscript Title: Short-term and long-term outcomes of natural orifice specimen extraction surgeries (NOSES) in rectal cancer: comparison of NOSES and non-NOSES
Manuscript number (if known): 

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Time frame: Since the initial planning of the work

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|2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |

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|---|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|3 | Royalties or licenses | _X_ None |

|   | 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) |
|---|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|4 | Consulting fees | _X_ None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                               | _X_ None |
| 7 | Support for attending meetings and/or travel                                | _X_ None |
| 8 | Patents planned, issued or pending                                         | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid   | _X_ None |
| 11| Stock or stock options                                                      | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                  | _X_ None |

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

None.

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: **2022/3/3**  
Your Name: **Weiyuan Zhang**  
Manuscript Title: **Short-term and long-term outcomes of natural orifice specimen extraction surgeries (NOSES) in rectal cancer: comparison of NOSES and non-NOSES**  
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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|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** |                                                                                   |                                                                                  |
| **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. | __X__ None                                                                         |                                                                                  |
| **Time frame: past 36 months** |                                                                                   |                                                                                  |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above).                | __X__ None                                                                         |                                                                                  |
| **3** | Royalties or licenses                                                                   | __X__ None                                                                         |                                                                                  |
| **4** | Consulting fees                                                                         | __X__ None                                                                         |                                                                                  |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                               | X | None |
| 7 | Support for attending meetings and/or travel                               | X | None |
| 8 | Patents planned, issued or pending                                         | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                      | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                  | X | None |

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

None.

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: 2022/3/3
Your Name: Hongyu Wu
Manuscript Title: Short-term and long-term outcomes of natural orifice specimen extraction surgeries (NOSES) in rectal cancer: comparison of NOSES and non-NOSES
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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| Item | 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) |
|------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
|      | **Time frame: Since the initial planning of the work** | **Time frame: past 36 months** |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above) | X None |
| 3    | Royalties or licenses | X None |
| 4    | Consulting fees | X None |
|   | Description                                                                 | X | None |
|---|-------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                  | X | None |
| 7 | Support for attending meetings and/or travel                                  | X | None |
| 8 | Patents planned, issued or pending                                            | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                        | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                     | X | None |

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

None.

**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: 2022/3/3
Your Name: Yuchen Zhong
Manuscript Title: Short-term and long-term outcomes of natural orifice specimen extraction surgeries (NOSES) in rectal cancer: comparison of NOSES and non-NOSES
Manuscript number (if known): ____________________________________________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Question                                                                 |   |
|---|-------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,    | _X_ None |
|   | manuscript writing or educational events                                |   |
| 6 | Payment for expert testimony                                           | _X_ None |
| 7 | Support for attending meetings and/or travel                           | _X_ None |
| 8 | Patents planned, issued or pending                                     | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board      | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or     | _X_ None |
|   | advocacy group, paid or unpaid                                         |   |
| 11| Stock or stock options                                                 | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other | _X_ None |
|   | services                                                               |   |
| 13| Other financial or non-financial interests                              | _X_ None |

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None.

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ICMJE DISCLOSURE FORM

Date: 2022/3/3
Your Name: Chaojing Zheng
Manuscript Title: Short-term and long-term outcomes of natural orifice specimen extraction surgeries (NOSES) in rectal cancer: comparison of NOSES and non-NOSES
Manuscript number (if known): ____________________________________________________________

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| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Description                                                                 | Answer   |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | _X_ None |
|   | manuscript writing or educational events                                   |          |
| 6 | Payment for expert testimony                                               | _X_ None |
| 7 | Support for attending meetings and/or travel                                 | _X_ None |
| 8 | Patents planned, issued or pending                                          | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy | _X_ None |
|   | group, paid or unpaid                                                       |          |
| 11| Stock or stock options                                                      | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | _X_ None |
|   | services                                                                     |          |
| 13| Other financial or non-financial interests                                   | _X_ None |

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ICMJE DISCLOSURE FORM

Date: 2022/3/3
Your Name: Haixing Ju
Manuscript Title: Short-term and long-term outcomes of natural orifice specimen extraction surgeries (NOSES) in rectal cancer: comparison of NOSES and non-NOSES
Manuscript number (if known): 

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|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
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| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
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None.

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ICMJE DISCLOSURE FORM

Date: 2022/3/3
Your Name: Guiyu Wang
Manuscript Title: Short-term and long-term outcomes of natural orifice specimen extraction surgeries (NOSES) in rectal cancer: comparison of NOSES and non-NOSES
Manuscript number (if known): ___________________________________________________________

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| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | Description                                                                 | _X_ | None |
|---|-------------------------------------------------------------------------------|-----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ | None |
| 6 | Payment for expert testimony                                                  | _X_ | None |
| 7 | Support for attending meetings and/or travel                                  | _X_ | None |
| 8 | Patents planned, issued or pending                                            | _X_ | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | _X_ | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ | None |
| 11| Stock or stock options                                                        | _X_ | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ | None |
| 13| Other financial or non-financial interests                                     | _X_ | None |

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