ICMJE DISCLOSURE FORM

Date: 2021-9.18
Your Name: Anping Zhang
Manuscript Title: Systematic review and meta-analysis of the effects of the perioperative enhanced recovery after surgery concept on the surgical treatment of acute appendicitis in children
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.) | **__X__** None |
|   | **No time limit for this item.** | |

| **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 |
|   |                                                                                           | __X__None |
|---|-------------------------------------------------------------------------------------------|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, 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 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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The author has no conflicts of interest to declare.

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

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Date: 2021-9.18
Your Name: Hao Lu
Manuscript Title: Systematic review and meta-analysis of the effects of the perioperative enhanced recovery after surgery concept on the surgical treatment of acute appendicitis in children
Manuscript number (if known):

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| 3 | Royalties or licenses                                                                            | __X__ None                                                                         |
| 4 | Consulting fees                                                                                  | __X__ None                                                                         |

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Date: 2021-9.18

Your Name: Fangfang Chen

Manuscript Title: Systematic review and meta-analysis of the effects of the perioperative enhanced recovery after surgery concept on the surgical treatment of acute appendicitis in children

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Date: 2021-9.18
Your Name: You Wu
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|   | Conflict of Interest                                                                 | Agreement |
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Date: 2021-9.18
Your Name: Liqiong Luo
Manuscript Title: Systematic review and meta-analysis of the effects of the perioperative enhanced recovery after surgery concept on the surgical treatment of acute appendicitis in children
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Date: 2021-9.18
Your Name: Siyi Sun
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