ICMJE DISCLOSURE FORM

Date: 06/29/2021  
Your Name: Dongyuan Jin  
Manuscript Title: Hemodynamic changes of anesthesia, pneumoperitoneum, and head-down tilt during laparoscopic surgery in elderly patients  
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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| **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.)  
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Talent Training Projects of Dongcheng District  
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Clinical Research 121 Project  
Peking Union Medical College  
Disciplines Construction Project |                                                                                     |
| **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 |                                                                                     |
|   | Item                                                                 | Answer |
|---|----------------------------------------------------------------------|--------|
| 4 | Consulting fees                                                      | X None |
| 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    | X None |
|   | other services                                                       |        |
|13 | Other financial or non-financial interests                            | X None |

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

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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.
ICMJE DISCLOSURE FORM

Date: 06/29/2021
Your Name: Hui Yu
Manuscript Title: Hemodynamic changes of anesthesia, pneumoperitoneum, and head-down tilt during laparoscopic surgery in elderly patients
Manuscript number (if known):

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|   | | Peking Union Medical College Disciplines Construction Project |

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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 |
|   | 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 |
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| 13 | Other financial or non-financial interests | X None |

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Date: 06/29/2021
Your Name: Hai Li
Manuscript Title: Hemodynamic changes of anesthesia, pneumoperitoneum, and head-down tilt during laparoscopic surgery in elderly patients
Manuscript number (if known):

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___X___ None |                                                                                     |
| 3 | Royalties or licenses  
___X___ None |                                                                                     |
|   | Financial or Non-Financial Interest |   |
|---|------------------------------------|---|
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
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| 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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Date: 06/29/2021
Your Name: Nannan Zhao
Manuscript Title: Hemodynamic changes of anesthesia, pneumoperitoneum, and head-down tilt during laparoscopic surgery in elderly patients
Manuscript number (if known):

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|  | Peking Union Medical College | Disciplines Construction Project |
| **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 |
|   | Financial or Non-financial利害关系 | X | 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 |
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| 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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Date: 06/29/2021
Your Name: Ying Zhang
Manuscript Title: Hemodynamic changes of anesthesia, pneumoperitoneum, and head-down tilt during laparoscopic surgery in elderly patients
Manuscript number (if known):

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|   | Time frame: past 36 months |
|---|---------------------------|
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| 3 | Royalties or licenses | X None |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 4 | Consulting fees                                                             | X  | None |
| 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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Date: 06/29/2021
Your Name: Junfeng Li
Manuscript Title: Hemodynamic changes of anesthesia, pneumoperitoneum, and head-down tilt during laparoscopic surgery in elderly patients
Manuscript number (if known): 

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| | | Beijing Hospital | Clinical Research 121 Project |
| | | Peking Union Medical College | Disciplines Construction Project |
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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 |
| 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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Date: 06/29/2021
Your Name: Jian Cui
Manuscript Title: Hemodynamic changes of anesthesia, pneumoperitoneum, and head-down tilt during laparoscopic surgery in elderly patients
Manuscript number (if known):

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **Beijing Hospital** | **Clinical Research 121 Project** |
|   | **Peking Union Medical College** | **Disciplines Construction Project** |
|   | **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 |
|   | Description                                                                 | 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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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.
Date: 06/29/2021  
Your Name: Danian Tang  
Manuscript Title: Hemodynamic changes of anesthesia, pneumoperitoneum, and head-down tilt during laparoscopic surgery in elderly patients  
Manuscript number (if known):  

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

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Date: 06/29/2021  
Your Name: Yue Li  
Manuscript Title: Hemodynamic changes of anesthesia, pneumoperitoneum, and head-down tilt during laparoscopic surgery in elderly patients  
Manuscript number (if known):  

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Time frame: Since the initial planning of the work  

Time frame: past 36 months
|   | Conflict of Interest                                                                 | X | None |
|---|--------------------------------------------------------------------------------------|---|------|
| 4 | Consulting fees                                                                      |   |      |
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| 6 | Payment for expert testimony                                                         | X | None |
| 7 | Support for attending meetings and/or travel                                         |   | None |
| 8 | Patents planned, issued or pending                                                   | X | 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                                                               | X | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services     |   | None |
|13 | Other financial or non-financial interests                                            | X | None |

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Date: 06/29/2021  
Your Name: Yichao Teng  
Manuscript Title: Hemodynamic changes of anesthesia, pneumoperitoneum, and head-down tilt during laparoscopic surgery in elderly patients  
Manuscript number (if known):  

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Clinical Research 121 Project  
Peking Union Medical College  
Disciplines Construction Project |
| **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 |
|   | Conflict of Interest |   |
|---|---------------------|---|
| 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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The author reports that this work was supported by Talent Training Projects of Dongcheng District, Beijing City; Beijing Hospital Clinical Research 121 Project; Disciplines Construction Project of Peking Union Medical College.

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:** 06/29/2021  
**Your Name:** Ping Zeng  
**Manuscript Title:** Hemodynamic changes of anesthesia, pneumoperitoneum, and head-down tilt during laparoscopic surgery in elderly patients  
**Manuscript number (if known):**

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| 7 | Support for attending meetings and/or travel                                 | X  | None |
| 8 | Patents planned, issued or pending                                          | X  | None |
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|13 | Other financial or non-financial interests                                  | X  | None |

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