ICMJE DISCLOSURE FORM

Date: ___ 2022.2.10

Your Name: ___ Junqian Chen ___________________________________________________________

Manuscript Title: ___ Efficacy and safety of Chinese medicine combined with balloon dilatation vs. balloon dilatation alone for achalasia patients: a systematic review and meta-analysis

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.** | ___ None                                                                       |
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|   | **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 |

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

The author has no conflicts of interest to declare.

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: ___2022.2.10______________________________________________________________
Your Name: ___________________________ Xiaoxun Huang ______________________________
Manuscript Title: ___Combined Chinese medicine with balloon dilatation vs. balloon dilatation alone for achalasia patients: a systematic review and meta-analysis______________________________________________________________
Manuscript number (if known): ______________________________________________________

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ICMJE DISCLOSURE FORM

Date: ___ 2022.2.10

Your Name: _______ Yingting Li

Manuscript Title: ___ Efficacy and safety of Chinese medicine combined with balloon dilatation vs. balloon dilatation alone for achalasia patients: a systematic review and meta-analysis

Manuscript number (if known): ___________________________________________________________

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Date: ___2022.2.10___

Your Name: _______Haomeng Wu____________________________

Manuscript Title: ___Efficacy and safety of Chinese medicine combined with balloon dilatation vs. balloon dilatation alone for achalasia patients: a systematic review and meta-analysis____________________________________

Manuscript number (if known): ______________________________________________________________________________________

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ICMJE DISCLOSURE FORM

Date: ___2022.2.10___
Your Name: ____Shumin Qin____
Manuscript Title: ____Efficacy and safety of Chinese medicine combined with balloon dilatation vs. balloon dilatation alone for achalasia patients: a systematic review and meta-analysis____

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ICMJE DISCLOSURE FORM

Date: ___ 2022.2.10

Your Name: Huan Zheng

Manuscript Title: Efficacy and safety of Chinese medicine combined with balloon dilatation vs. balloon dilatation alone for achalasia patients: a systematic review and meta-analysis

Manuscript number (if known):

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

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|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                | **None**                                                                         |
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| 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 |
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ICMJE DISCLOSURE FORM

Date: 2022.2.10

Your Name: Jianhua Li

Manuscript Title: Efficacy and safety of Chinese medicine combined with balloon dilatation vs. balloon dilatation alone for achalasia patients: a systematic review and meta-analysis

Manuscript number (if known):

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| 3 | Royalties or licenses                                                                         | ____None                                                                          |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Conflict Description                                                                 | Answer   |
|---|--------------------------------------------------------------------------------------|----------|
| 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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Date: ___2022.2.10__________________________

Your Name: ___________________ Haiyan Zhang

Manuscript Title: Efficacy and safety of Chinese medicine combined with balloon dilatation vs. balloon dilatation alone for achalasia patients: a systematic review and meta-analysis

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|   |                                                                                                 |                                                                                      |
| 3 | Royalties or licenses                                                                           | __None                                                                               |
|   |                                                                                                 |                                                                                      |
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**Time frame: past 36 months**

|   |                                                                                                 |                                                                                      |
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|   |                                                                                                 |                                                                                      |
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**ICMJE DISCLOSURE FORM**

Date: ___2022.2.10___

Your Name: ______Lijuan Hu______________________________________________________________

Manuscript Title: ___Efficacy and safety of Chinese medicine combined with balloon dilatation vs. balloon dilatation alone for achalasia patients: a systematic review and meta-analysis______________________________

Manuscript number (if known): ____________________________________________________________________________________________

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|   | Description                                                                 | Response |
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Date: ___2022.2.10__________________________

Your Name: ___________________________ Shaogang Huang

Manuscript Title: ___________________ Efficacy and safety of Chinese medicine combined with balloon dilatation vs. balloon dilatation alone for achalasia patients: a systematic review and meta-analysis

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