Date: Se	eptemb	er 24,	2024
Your Na	me: Jin	g War	ng

Manuscript Title: Summary of best evidence on prevention of intracranial infection after endoscopic endonasal

transsphenoidal pituitary neoplasm resection

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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1	All support for the present manuscript (e.g., funding,	_ √None	
	provision of study materials,		
	medical writing, article		
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	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	√None	
	any entity (if not indicated		
	in item #1 above).		
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 meetings and/or travel	_ √None	
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	_	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√ _None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	/_ Ni-r	
11	Stock or stock options	√None	
12	Passint of aguinment	/ None	
12	Receipt of equipment, materials, drugs, medical	_ √None	
	writing, gifts or other		
	services		
13	Other financial or non-		
	financial interests		
Please summarize the above conflict of interest in the following box:			

The author declare that she has no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Date: September 24, 2024
Your Name: Ping Yu
Manuscript Title: Summary of best evidence on prevention of intracranial infection after endoscopic endonasal
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Manuscript number (if known):\_\_\_\_\_

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	educational events			
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	meetings and/or travel			
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8	Patents planned, issued or			
	pending			
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9	Participation on a Data	√None		
	Safety Monitoring Board or Advisory Board			
10	·	/ Name		
10	Leadership or fiduciary role in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
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		
	financial interests			
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Date: September 24, 2024
Your Name: Qi Chen
Manuscript Title: Summary of best evidence on prevention of intracranial infection after endoscopic endonasal
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8	Patents planned, issued or	√None		
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	in other board, society,			
	committee or advocacy			
44	group, paid or unpaid	/ •		
11	Stock or stock options	√None		
12	Receipt of equipment,	√ None		
12	materials, drugs, medical	_ ^None		
	writing, gifts or other			
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Date: Septe	mber 24, 2024
Your Name:	Zhijun Han

Manuscript Title: Summary of best evidence on prevention of intracranial infection after endoscopic endonasal

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	testimony	
7	Compant for attending	
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8	Patents planned, issued or	_ √None
	pending	
9		_ √None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	_ √None
	in other board, society,	
	committee or advocacy	
11	group, paid or unpaid Stock or stock options	/ None
11	Stock of Stock options	√None
12	Receipt of equipment,	√ None
12	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	√ None
	financial interests	
Ple		onflict of interest in the following box:

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Date: Septer	mber 24, 2024
Your Name:	Qing Wang

Manuscript Title: Summary of best evidence on prevention of intracranial infection after endoscopic endonasal

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6	Payment for expert	√None	
	testimony		
7	Support for attending meetings and/or travel	√ _None	
8	Patents planned, issued or		
	pending		
9	Participation on a Data	√None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_ √None	
	in other board, society,		
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11	Stock or stock options		
12	Descint of any invested	/ Name	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	_	
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Please summarize the above conflict of interest in the following box:			

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Date: Septe	mber 24, 2024
Your Name:	Xiaojie Lu

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9	Participation on a Data	_ √None		
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10	Leadership or fiduciary role	_		
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11	Stock or stock options	_ \None		
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7	Support for attending meetings and/or travel	√None	
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	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		
11	group, paid or unpaid Stock or stock options	√ None	
11	Stock of Stock options	_ ^None	
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Your Name: Chun Bian
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10	Leadership or fiduciary role	√None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	√ None	
	Stock of Stock options		
12	Receipt of equipment,		
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	writing, gifts or other		
12	services	1 21	
13	Other financial or non- financial interests	√None	
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Date: Septe	mber 24, 2024
Your Name:	Mingzhu Gao

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9	Participation on a Data	√None		
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	committee or advocacy			
11	group, paid or unpaid	/ N		
11	Stock or stock options	√None		
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