

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Dechao	2. Surname (Last Name) Feng	3. Date 31-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ping Han and Wuran Wei
5. Manuscript Title Clinical efficacy and safety of enhanced recovery after surgery for patients treated with radical cystectomy and ileal urinary diversion: a systematic review and meta-analysis of randomized controlled trials		
6. Manuscript Identifying Number (if you know it) TAU-19-941		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Feng has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Shengzhuo	2. Surname (Last Name) Liu	3. Date 31-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ping Han and Wuran Wei
5. Manuscript Title Clinical efficacy and safety of enhanced recovery after surgery for patients treated with radical cystectomy and ileal urinary diversion: a systematic review and meta-analysis of randomized controlled trials		
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Dr. Liu has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Yiping

2. Surname (Last Name)

Lu

3. Date

31-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Ping Han and Wuran Wei

5. Manuscript Title

Clinical efficacy and safety of enhanced recovery after surgery for patients treated with radical cystectomy and ileal urinary diversion: a systematic review and meta-analysis of randomized controlled trials

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1. Given Name (First Name)

Wuran

2. Surname (Last Name)

Wei

3. Date

31-May-2020

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Yes  No

5. Manuscript Title

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