

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Tomomitsu

2. Surname (Last Name)  
Tahara

3. Date  
08-December-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Gastric atrophy as an important risk factor for gastric cancer development after Helicobacter pylori eradication

6. Manuscript Identifying Number (if you know it)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Tahara has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Noriyuki	2. Surname (Last Name) Horiguchi	3. Date 08-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tomomitsu Tahara
5. Manuscript Title Gastric atrophy as an important risk factor for gastric cancer development after Helicobacter pylori eradication		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Dr. Horiguchi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Yoshihito

2. Surname (Last Name)

Nakagawa

3. Date

08-December-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Tomomitsu Tahara

5. Manuscript Title

Gastric atrophy as an important risk factor for gastric cancer development after Helicobacter pylori eradication

6. Manuscript Identifying Number (if you know it)

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Dr. Nakagawa has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Tomoyuki	2. Surname (Last Name) Shibata	3. Date 08-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tomomitsu Tahara
5. Manuscript Title Gastric atrophy as an important risk factor for gastric cancer development after Helicobacter pylori eradication		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Shibata has nothing to disclose.

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1. Given Name (First Name) Naoki	2. Surname (Last Name) Ohmiya	3. Date 08-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tomomitsu Tahara
5. Manuscript Title Gastric atrophy as an important risk factor for gastric cancer development after Helicobacter pylori eradication		
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Dr. Ohmiya has nothing to disclose.

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