Date: 2/28/2023
Your Name: Kunzah A. Syed
Manuscript Title: Colon Polyp Characterization (Morphology and Mucosal Patterns): Clinical Application and
<u>Techniques</u>
Manuscript number (if known): ALES-23-10

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
	_		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V N	
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	I have no conflicts of interest.		
	Thave no connects of interest.		
<u></u>			

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 2/28/2023

Your Name: Mako Koseki

Manuscript Title: Colon Polyp Characterization (Morphology and Mucosal Patterns): Clinical Application and Techniques

Manuscript number (if known): ALES-23-10

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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	<u>X_</u> None	

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	X None
	testimony	<u>X</u> None
	,	
7	Support for attending meetings and/or travel	X_None
	meetings and/or traver	
8	Patents planned, issued	<u>X_None</u>
	or pending	
9	Participation on a Data	X_None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary	X_None
10	role in other board,	<u>X</u> None
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	X_None
40		V N
12	Receipt of equipment, materials, drugs, medical	X_None
	writing, gifts or other	
	services	
13	Other financial or non-	X_None
	financial interests	

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

No conflict of interest

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	e: 2/28/2023				
You	r Name:Sera Sato	oi			
Mar	nuscript Title: Colon Poly	p Characterization (Morpholog	y and Mucosal Patterns): Clinical Application and		
<u>Tech</u>	niques				
Mar	nuscript number (if knowr	n): ALES-23-10			
rela part to tr	ted to the content of you ties whose interests may b ransparency and does not	manuscript. "Related" me be affected by the content	Il relationships/activities/interests listed below the eans any relation with for-profit or not-for-profit the of the manuscript. Disclosure represents a commit . If you are in doubt about whether to list a o so.	hird	
	following questions apply	y to the author's relationsh	ips/activities/interests as they relate to the <u>currer</u>	<u>nt</u>	
to th	he epidemiology of hyper		e defined broadly. For example, if your manuscript e all relationships with manufacturers of antihyper the manuscript.	-	
	em #1 below, report all su time frame for disclosure	• •	ed in this manuscript without time limit. For all ot	her items,	
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as			
		needed)			
		Time frame: Since the initi	al planning of the work		
	All support for the present	_ V None			
	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				

Time frame: past 36 months

None

None

_None

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4

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

any entity (if not indicated

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	_ V None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	V None	
11	Stock or stock options	V None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	V None	
13	Other financial or non- financial interests	None	
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:

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: 2/28/2023
Your Name: Erica Park
Manuscript Title: "Colon Polyp Characterization (Morphology and Mucosal Patterns): Clinical Application and
Techniques"
Manuscript number (if known):ALES-23-10

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	x_None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastx_None	36 months
3	Royalties or licenses	xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other		
10	services		
13	Other financial or non-	x_None	
	financial interests		
Dlaa	use summarize the above co	nflict of interest in the foll	owing hov

I have no conflicts of interest.		

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:3	1 2023	·:					
Your Name:	PRIYA	K. SI	rives				
Manuscript Title	: COLON	POLYP	MARACTORIZATION	:	CUNICAL	KPPULATIONS 4	PECHNIQUE
Manuscript num							

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	- 1 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	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	<u>∵</u> None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None 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:

NOM	a CONFLICTS	OF INTEREST
1001		

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:2/28/2023
Your Name:Makoto Nishimura
Manuscript Title: Colon Polyp Characterization (Morphology and Mucosal Patterns): Clinical Application and
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Manuscript number (if known): ALES-23-10

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	Boston Scientifics Olympus America	Consultant fee payment Consultant fee payment

	lectures, presentations, speakers bureaus, manuscript writing or educational events	Olympus America	Payment for lecture
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	_xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	xNone	
	ase summarize the above o		
Plea	ase place an "X" next to the I certify that I have answe		indicate your agreement: have not altered the wording of any of the question

Payment for lecture

5

Payment or honoraria for

Boston Scientifics