ICMJE DISCLOSURE FORM

Date	e:11/1/2023		
Your	Name:Terry Jue_		
	· —	rspective on Endoscopic	Resection of Neoplastic Lesions of the Gastrointestinal
Trac			
Man	uscript number (if known):	ales-23-5	1
relat parti to tr relat	eed to the content of your n ies whose interests may be ansparency and does not no cionship/activity/interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. t is preferable that you do	
	iollowing questions apply t uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to th med In ite	ne epidemiology of hypertentication, even if that medication	nsion, you should declare a tion is not mentioned in the port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. I in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initia	I planning of the work
1	All account fourther manager		n planning of the work
1	All support for the present manuscript (e.g., funding,	X_None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
,	noyalties of ficerises		
4	Consulting fees	X None	

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			
		V N		
9	Participation on a Data Safety Monitoring Board or	XNone		
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid	V N		
11	Stock or stock options	XNone		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Ple	ase summarize the above co	onflict of interest in the	following box:	
None				

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.