## **ICMJE DISCLOSURE FORM**

<b>Date:</b> August. 20 <sup>th</sup> , 2022
Your Name: Madhav Desai
Manuscript Title: Time to define long-term outcomes after Barrett's Endoscopic Therapy
Manuscript number (if known): DMR-22-59
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</u> <u>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.
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items

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		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	x 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				
2	Grants or contracts from	x None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	x None			
4	Consulting fees	x None			
5		x None			

	Payment or honoraria for				
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	x None			
	testimony				
7	Support for attending meetings and/or travel	x None			
8	Patents planned, issued or pending	x None			
	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				
	services				
13	Other financial or non-	x None			
	financial interests				
	Please summarize the above conflict 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.