ICMJE DISCLOSURE FORM

Date: <u>sep. 5th</u>	. 2021
Your Name:	Mengpei zhang
Manuscript Title:	Gastric Cancer in A 22-year-old Woman with Metastasis to the Cervix: A Case Report
	and Literature Review
Manuscript numb	per (if known):GPM-21-32

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 initial	planning of the work
1	All support for the present	Funding: The Key Project	
-	manuscript (e.g., funding,	of Sichuan Provincial	
	provision of study materials,	Department of Science	
	medical writing, article	and Technology: "Study on	
	processing charges, etc.)	the key factors affecting	
	No time limit for this item.	the diagnosis and	
		treatment of major	
		diseases in obstetrics and	
		gynecology (19ZDYF)"	
		(Approvalled Medical	
		Ethics Committee of West	
		China Second University	
		Hospital, Sichuan	
		University. Ethical Lot	
		Number: 20200076)	
		Time frame: past	36 months
2	Grants or contracts from	Mengpei ZhangNone	
	any entity (if not indicated		
	in item #1 above).		

3	Royalties or licenses	Mengpei ZhangNone	
4	Consulting fees	Mengpei ZhangNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Mengpei ZhangNone	
6	Payment for expert testimony	Mengpei ZhangNone	
7	Support for attending meetings and/or travel	Mengpei ZhangNone	
8	Patents planned, issued or pending	Mengpei ZhangNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Mengpei ZhangNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Mengpei ZhangNone	
11	Stock or stock options	Mengpei ZhangNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Mengpei Zhang_None	
13	Other financial or non- financial interests	_Mengpei ZhangNone	

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

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

form.

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Date:	sep. 5 th	, 2021								
Your Nam	e:	Kemin L	i							
Manuscrij	pt Title:	Gastric Ca	ancer in A 2	2-year-old	Woman w	ith Metas	stasis to th	e Cervix:	A Case Re	<u>eport</u>
and Litera	iture Re	view								
Manuscri	pt numb	ber (if know	wn): GPM	-21-32						

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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) 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.	Funding: The Key Project of Sichuan Provincial Department of Science and Technology: "Study on the key factors affecting the diagnosis and treatment of major diseases in obstetrics and gynecology (19ZDYF)" (Approvalled Medical Ethics Committee of West China Second University Hospital, Sichuan University. Ethical Lot Number: 20200076)	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Kemin LiNone	

3	Royalties or licenses	Kemin LiNone
4	Consulting fees	Kemin Li _None
-		
5	Payment or honoraria for lectures, presentations,	Kemin LiNone
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert testimony	Kemin LiNone
	testimony	
7	Support for attending	Kemin LiNone
	meetings and/or travel	
8	Patents planned, issued or	Kemin Li _None
	pending	
9	Participation on a Data	Kemin Li _None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary role	Kemin Li None
10	in other board, society,	Kemin Li None
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	Kemin Li _None
12	Receipt of equipment,	Kemin Li _None
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non-	Kemin Li None
	financial interests	

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__Kemin Li_ 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:	sep. 5 th	, 2021	
Your Na	me:	Rutie Yin	
Manusc	ript Title:	Gastric Cancer in A 22-year-old Woman with Metastasis to the Cervix:	A Case Report
and Lite	erature Re	view	
Manusc	ript numb	ber (if known): GPM-21-32	

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2		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Rutie Yin</u> None	

3	Royalties or licenses	Rutie Yin None
4	Consulting fees	<u>Rutie Yin</u> _None
5	Payment or honoraria for lectures, presentations,	<u>Rutie Yin</u> _None
	speakers bureaus,	
	manuscript writing or educational events	
6	Payment for expert	Rutie Yin None
	testimony	
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	Rutie Yin None
	pending	
9	Participation on a Data	Rutie Yin None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary role	Rutie Yin None
	in other board, society, committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	Rutie Yin None
12	Receipt of equipment,	Rutie Yin None
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non- financial interests	_ <u>Rutie Yin</u> None
	mancial interests	

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

<u>Rutie Yin</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.