

## ICMJE DISCLOSURE FORM

Date: sep. 5<sup>th</sup>, 2021  
 Your Name: Mengpei zhang  
 Manuscript Title: Real-World Study of 191 Cases with cervical cancer who were diagnosed by LEEP  
 Manuscript number (if known): GPM-21-13

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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, the time frame for disclosure is the past 36 months.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	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)" (Approved Medical Ethics Committee of West China Second University Hospital, Sichuan University. Ethical Lot Number: 20200076)	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__Mengpei Zhang__ None</u>	
3	Royalties or licenses	<u>__Mengpei Zhang__ None</u>	

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

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

The author receives consulting fees from 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)” (Approved Medical Ethics Committee of West China Second University Hospital, Sichuan University. Ethical Lot Number: 20200076)

**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.**

## ICMJE DISCLOSURE FORM

Date: sep. 5<sup>th</sup>, 2021  
 Your Name: Jinghong Chen  
 Manuscript Title: Real-World Study of 191 Cases with cervical cancer who were diagnosed by LEEP  
 Manuscript number (if known): GPM-21-13

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__Jinghong Chen__ None</u>	
3	Royalties or licenses	<u>__Jinghong Chen__ None</u>	

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

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**Please place an “X” next to the following statement to indicate your agreement:**

Jinghong Chen 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<sup>th</sup>, 2021  
 Your Name: Kemin Li  
 Manuscript Title: Real-World Study of 191 Cases with cervical cancer who were diagnosed by LEEP  
 Manuscript number (if known): GPM-21-13

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Kemin Li</u> <u>None</u>	
3	Royalties or licenses	<u>Kemin Li</u> <u>None</u>	

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

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**Please place an “X” next to the following statement to indicate your agreement:**

   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<sup>th</sup>, 2021  
 Your Name: Yan Luo  
 Manuscript Title: Real-World Study of 191 Cases with cervical cancer who were diagnosed by LEEP  
 Manuscript number (if known): GPM-21-13

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Yan Luo</u> None	
3	Royalties or licenses	<u>Yan Luo</u> None	

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

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**Please place an “X” next to the following statement to indicate your agreement:**

Yan Luo **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<sup>th</sup>, 2021  
 Your Name: Rutie Yin  
 Manuscript Title: Real-World Study of 191 Cases with cervical cancer who were diagnosed by LEEP  
 Manuscript number (if known): GPM-21-13

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

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

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