## **ICMJE DISCLOSURE FORM**

Date: Apr. 1, 2022

Your Name: Zeng Xi

Manuscript Title: Retroperito deal malignant perivascular epithelioid cell tumor: a rare case report and literature review

Manuscript number (if known): GPM-21-44

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.

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)
		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None	
	processing charges, etc.)  No time limit for this item.	^	
		Time frame: pas	st 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 .	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Paymen't for expert	None '	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
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8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		Control of the second of the s
10	Leadership or fiduciary role	None	
	in other board, society,		24
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing; gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

None	2		22	V 5)		
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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.

## ICMJE DISCLOSURE FORM

Date: Apr.:1, 2022 Your Name: Li Jin-Ke

Manuscript Title: Retroperitoneal malignant perivascular epithelioid cell tumor: a rare case report and literature review

Manuscript number (if known): GPM-21-44

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7	Control Control		
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13	Other financial or non-	None	
1.0	financial interests		
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Please summarize the above conflict of interest in the following box:

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