Date: Mar. 30 th , 2022	
Your Name: <u>Hongyi Li</u>	
Manuscript Title: Primary squamous c	ell carcinoma of the endometrium with endometrial atypical hyperplasia in
elderly women: a case report	
Manuscript number (if known):	GPM-22-9-CL

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.

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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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Hongyi Li None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Hongyi Li None	
3	Royalties or licenses	Hongyi Li_None	
4	Consulting fees	Hongyi Li None	

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

None.

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

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

Date: Mar. 30 th , 2022	
Your Name: <u>Jiatian Ye</u>	
Manuscript Title: Primary squamous c	ell carcinoma of the endometrium with endometrial atypical hyperplasia in
elderly women: a case report	
Manuscript number (if known):	GPM-22-9-CL

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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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Jiatian Ye None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Jiatian Ye</u> None	
3	Royalties or licenses	<u>Jiatian Ye</u> None	
4	Consulting fees	<u>Jiatian Ye</u> None	

5	Payment or honoraria for lectures, presentations,	<u>Jiatian Ye</u> None	
	speakers bureaus,		
	manuscript writing or		
_	educational events	listian Va. Nama	
6	Payment for expert testimony	<u>Jiatian Ye</u> None	
	testimony		
7	Support for attending	Jiatian Ye None	
,	meetings and/or travel	<u>Jatian re</u> None	
	g .		
8	Patents planned, issued or	<u>Jiatian Ye</u> None	
	pending		
9	Participation on a Data	<u>Jiatian Ye</u> None	
	Safety Monitoring Board or		
10	Advisory Board	11 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	
10	Leadership or fiduciary role	<u>Jiatian Ye</u> None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	Jiatian Ye None	
12	Receipt of equipment,	<u>Jiatian Ye</u> None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	<u>Jiatian Ye</u> None	
	financial interests		

None.

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

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

Date: Mar. 30 th , 2022	
Your Name: Xiaorong Qi	
Manuscript Title: Primary squamous c	ell carcinoma of the endometrium with endometrial atypical hyperplasia in
elderly women: a case report	
Manuscript number (if known):	GPM-22-9-CL

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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)
	All	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	Xiaorong Qi None	
	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	Xiaorong Qi None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	Xiaorong Qi None	
4	Consulting fees	Xiaorong Qi None	

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

None.

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

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

Date: Mar. 30 th , 2022	
Your Name: Xi Wang	
Manuscript Title: Primary squamous c	ell carcinoma of the endometrium with endometrial atypical hyperplasia in
elderly women: a case report	
Manuscript number (if known):	GPM-22-9-CL

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	Time frame: Since the initial 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.	Xi Wang None				
		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Xi Wang_None				
3	Royalties or licenses	Xi Wang_None				
4	Consulting fees	Xi Wang_None				

5	Payment or honoraria for lectures, presentations,	Xi Wang_None	
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	Xi Wang_None	
	testimony		
-		NO NATIONAL DE LA CONTRACTION	
7	Support for attending meetings and/or travel	Xi Wang None	
	-		
8	Patents planned, issued or	Xi Wang None	
	pending		
9	Participation on a Data	Xi Wang_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	Xi Wang_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	Xi Wang_None	
12	Receipt of equipment,	Xi Wang_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	Xi Wang None	
	financial interests		

None.

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

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