

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Siwei

2. Surname (Last Name)
Pan

3. Date
11-November-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Zhi Zhu, Huimian Xu

5. Manuscript Title
Efficacy and safety of immune checkpoint inhibitors in gastric cancer: a network meta-analysis of well-designed randomized controlled trials

6. Manuscript Identifying Number (if you know it)
ATM-20-6639

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Section 1. Identifying Information

1. Given Name (First Name) Kai	2. Surname (Last Name) Li	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhi Zhu, Huimian Xu
5. Manuscript Title Efficacy and safety of immune checkpoint inhibitors in gastric cancer: a network meta-analysis of well-designed randomized controlled trials		
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1. Given Name (First Name) Baojun	2. Surname (Last Name) Huang	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhi Zhu, Huimian Xu
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2. Surname (Last Name)
Xu

3. Date
11-November-2020

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Section 1. Identifying Information

1. Given Name (First Name)

Zhi

2. Surname (Last Name)

Zhu

3. Date

11-November-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Efficacy and safety of immune checkpoint inhibitors in gastric cancer: a network meta-analysis of well-designed randomized controlled trials

6. Manuscript Identifying Number (if you know it)

ATM-20-6639

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Zhu has nothing to disclose.

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