Date:March_5 th _2021	
Your Name: Xiaochuang Shu	
Manuscript Title: Diagnostic value of linked color imaging	g based on endoscopy for gastric intestinal metaplasia: a
systematic review and meta-analysis	
Manuscript number (if known): ATM-21-1051	

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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.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for	_ X _None				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
6	educational events	V N				
6	Payment for expert testimony	X_None				
	testimony					
7	Support for attending	V Nove				
/	meetings and/or travel	_ X _None				
	0 ,					
8	Patents planned, issued or	_ X _None				
	pending					
9	Participation on a Data	_ X _None				
	Safety Monitoring Board or Advisory Board					
10	•					
10	Leadership or fiduciary role	X_None				
	in other board, society, committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	_ X _None				
12	Receipt of equipment,	_ X _None				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	_ X _None				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					

The authors have no conflicts of interest to declare.	

Date	e: March_5'''_2021		
You	r Name:Guozhi_Wu	<u> </u>	
		0 0	based on endoscopy for gastric intestinal metaplasia: a
-	ematic review and meta-ana	-	
Mar	nuscript number (if known):	ATM-21-1051	
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t nuscript only.	o the author's relationship	ps/activities/interests as they relate to the current
to t	•	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other iten
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	X _None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	XNone
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert	X None
	testimony	
7	Support for attending meetings and/or travel	XNone
_		
8	Patents planned, issued or	_ XNone
	pending	
9	Participation on a Data	X None
3	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society,	
	committee or advocacy group, paid or unpaid	
11	Stock or stock options	X None
12	Receipt of equipment,	_ X None
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non-	X None
	financial interests	
	he authors have no conflicts of	Interest in the following box:
Plea	se place an "X" next to the	ollowing statement to indicate your agreement:

Date:March_5 th _2021
Your Name:Yanjun_Zhang
Manuscript Title: Diagnostic value of linked color imaging based on endoscopy for gastric intestinal metaplasia: a
systematic review and meta-analysis
Manuscript number (if known): ATM-21-1051

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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.	_ X _None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	_ X _None	

5	Payment or honoraria for	_ X _None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	V None	
0	testimony	X _None	
	Cestimony		
7	Support for attending	None	
,	meetings and/or travel		
	, , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	_ X _None	
	pending		
9	Participation on a Data	_ X _None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_ X _None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_ X _None	
	Stock of Stock options	_ X_None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the	following box:
1	The authors have no conflicts of	interest to declare.	

Date	e:March_5 th _2021		
	r Name:Yuping War		
Mar	nuscript Title: Diagnostic val	ue of linked color imaging l	pased on endoscopy for gastric intestinal metaplasia: a
syst	ematic review and meta-ana	lysis	
Mar	nuscript number (if known):	ATM-21-1051_	
rela part to ti rela	ted to the content of your miles whose interests may be ransparency and does not not interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.
mar	nuscript only.		
to the med	ne epidemiology of hypertentication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. I in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X _None	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
	nse summarize the above co		wing box:
Dies	se nlace an "Y" nevt to the	following statement to indi-	rate your agreement:

Date:March_5 th _2021
Your Name: Ya _Zheng
Manuscript Title: Diagnostic value of linked color imaging based on endoscopy for gastric intestinal metaplasia: a
systematic review and meta-analysis
Manuscript number (if known): ATM-21-1051

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X _None	
4	Consulting fees	X_None	

5	Payment or honoraria for	_ X _None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	_X_None			
	testimony				
7	Support for attending meetings and/or travel	_ X _None			
8	Patents planned, issued or	_ X _None			
	pending				
9	Participation on a Data	X_None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_ X _None			
	in other board, society,				
	committee or advocacy group, paid or unpaid				
11	Stock or stock options	_ X _None			
12	Receipt of equipment,	_ X _None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X_None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

The authors have no conflicts of interest to declare.			

Date	e:March_5 th _2021						
You	Your Name: Qinghong Guo						
Mar	nuscript Title: Diagnostic val	ue of linked color imaging b	pased on endoscopy for gastric intestinal metaplasia: a				
	ematic review and meta-ana		17 0				
Mar	nuscript number (if known):	ATM-21-1051					
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rela part to ti rela	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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to the med	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	Specifications/Comments				
	whom you have this relationship or indicate none (add rows as needed) (e.g., if payments were made to you or to your institution)						
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Time frame: past 36 months

X_None

X_None

X_None

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

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any entity (if not indicated

5	Payment or honoraria for lectures, presentations,	X _None
	speakers bureaus,	
	manuscript writing or	
	educational events	W .:
6	Payment for expert testimony	_ X _None
	testimony	
7	Compart for attanding	W N
7	Support for attending meetings and/or travel	_ X _None
	5 ,	
8	Patents planned, issued or	_ X _None
	pending	
9	Participation on a Data Safety Monitoring Board or	_ X _None
	Advisory Board	
10	Leadership or fiduciary role	_ X _None
	in other board, society,	
	committee or advocacy group, paid or unpaid	
11	Stock or stock options	_ X _None
12	Receipt of equipment, materials, drugs, medical	X _None
	writing, gifts or other	
	services	
13	Other financial or non-	_ X _None
	financial interests	
Plea	ise summarize the above co	nflict of interest in the following box:

The authors have no conflicts of interest to declare.			

Date: March_5 th _2021	1
/our Name: Rui Ji	
Manuscript Title: Diagnostion Analysis	c value of linked color imaging based on endoscopy for gastric intestinal metaplasia: a meta-
Manuscript number (if kno	wn): ATM-21-1051
related to the content of yo	ency, we ask you to disclose all relationships/activities/interests listed below that are our manuscript. "Related" means any relation with for-profit or not-for-profit third by the content of the manuscript. Disclosure represents a commitment
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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for	_ X _None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_ X _None		
	testimony			
7	Support for attending meetings and/or travel	X_None		
8	Patents planned, issued or	_ X _None		
	pending			
9	Participation on a Data	_ X _None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_ X _None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	_ X _None		
12	Receipt of equipment,	_ X _None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	_ X _None		
	financial interests			
Please summarize the above conflict of interest in the following box:				

The authors have no conflicts of interest to declare.			

Date:March_	_5'''_2021 		
Your Name:	Yongning_Z	!hou	
Manuscript Title: I	Diagnostic val	ue of linked color imaging	based on endoscopy for gastric intestinal metaplasia: a
systematic review	and meta-ana	lysis	
Manuscript number	er (if known):	ATM-21-105	51
related to the cont parties whose inte to transparency ar	tent of your nerests may be not	nanuscript. "Related" mea affected by the content o	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.
The following ques	stions apply t	o the author's relationshi	ips/activities/interests as they relate to the current
to the epidemiolog	gy of hyperte		defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.
		port for the work reporte the past 36 months.	ed in this manuscript without time limit. For all other iter
		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)
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		needed)	
		Time frame: Since the initi	al planning of the work
1 All support for	the present	_ X None	
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		Time frame: pas	st 36 months
2 Grants or conti	racts from	X None	
any entity (if n			
in item #1 abov	ve).		
3 Royalties or lice	enses	X None	
4 Consulting fees	5	_ XNone	

5	lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	X _None	
	he authors have no conflicts of		llowing box:
Plea	use place an "X" next to the	following statement to in	dicate your agreement:

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

form.