

ICMJE DISCLOSURE FORM

Date: 2021.6.2

Your Name: Jianli He

Manuscript Title: Blood alkaline phosphatase predicts prognosis of patients with advanced HER2-negative gastric cancer receiving immunotherapy

Manuscript number (if known): _____

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.

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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.

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Time frame: past 36 months			
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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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6	Payment for expert testimony	___ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

No

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. *Jianli Hu*

ICMJE DISCLOSURE FORM

Date: 2021.6.2

Your Name: Shengli Yang

Manuscript Title: Blood alkaline phosphatase predicts prognosis of patients with advanced HER2-negative gastric cancer receiving immunotherapy

Manuscript number (if known): _____

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N/A

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.

Shengli Yang

ICMJE DISCLOSURE FORM

Date: 2021.6.2

Your Name: Jing Wang

Manuscript Title: Blood alkaline phosphatase predicts prognosis of patients with advanced HER2-negative gastric cancer receiving immunotherapy

Manuscript number (if known): _____

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Jing Wang

ICMJE DISCLOSURE FORM

Date: 2021.6.2

Your Name: Qinyue Zhang

Manuscript Title: Blood alkaline phosphatase predicts prognosis of patients with advanced HER2-negative gastric cancer receiving immunotherapy

Manuscript number (if known): _____

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Qinyue Zhang

ICMJE DISCLOSURE FORM

Date: 2021.6.2

Your Name: Lei Zhao

Manuscript Title: Blood alkaline phosphatase predicts prognosis of patients with advanced HER2-negative gastric cancer receiving immunotherapy

Manuscript number (if known): _____

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lei zhao.

ICMJE DISCLOSURE FORM

Date: 2021.6.2

Your Name: Dejun Zhang

Manuscript Title: Blood alkaline phosphatase predicts prognosis of patients with advanced HER2-negative gastric cancer receiving immunotherapy

Manuscript number (if known): _____

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Dejun Zhang.

ICMJE DISCLOSURE FORM

Date: 2021.6.2

Your Name: Yu Dandan

Manuscript Title: Blood alkaline phosphatase predicts prognosis of patients with advanced HER2-negative gastric cancer receiving immunotherapy

Manuscript number (if known): _____

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Yu Dandan

ICMJE DISCLOSURE FORM

Date: 2021.6.2

Your Name: Min Jin

Manuscript Title: Blood alkaline phosphatase predicts prognosis of patients with advanced HER2-negative gastric cancer receiving immunotherapy

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Min Jin.

ICMJE DISCLOSURE FORM

Date: 2021.6.2

Your Name: Hong Ma

Manuscript Title: Blood alkaline phosphatase predicts prognosis of patients with advanced HER2-negative gastric cancer receiving immunotherapy

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

<p>No</p> <p style="margin-left: 200px;">Hong Ma</p>
--

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

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ICMJJE DISCLOSURE FORM

Date: 2021.6.2

Your Name: Liangli Liu.

Manuscript Title: Blood alkaline phosphatase predicts prognosis of patients with advanced HER2-negative gastric cancer receiving immunotherapy

Manuscript number (if known): _____

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Hongli Liu.

ICMJJE DISCLOSURE FORM

Date: 2021.6.2

Your Name: Jin Xu

Manuscript Title: Blood alkaline phosphatase predicts prognosis of patients with advanced HER2-negative gastric cancer receiving immunotherapy

Manuscript number (if known): _____

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Justin

ICMJE DISCLOSURE FORM

Date: 2021.6.2

Your Name: Tao Zhang

Manuscript Title: Blood alkaline phosphatase predicts prognosis of patients with advanced HER2-negative gastric cancer receiving immunotherapy

Manuscript number (if known): _____

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