| Date: <u>Sep. 7th, 2021</u> | |
|--|---|
| Your Name: Weifeng, Q | <u>i</u> |
| Manuscript Title: <u>Ide</u> | ntification of key genes associated with esophageal adenocarcinoma based on |
| pioinformatics analysis | |
| Manuscript number (if know | n):ATM-21-4015-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.

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.

| | | 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). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | | |
|------|---|--------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | |
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| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | X None | | |
| | 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 | XNone | | |
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| 12 | Receipt of equipment, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | |
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| l N | None. | | | |
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| Date: _ | Sep. 7 ^{ti} | 2021 |
|---------|----------------------|--|
| our N | lame: | Rongyang, Li |
| Manus | cript Title | Identification of key genes associated with esophageal adenocarcinoma based on |
| oioinfo | ormatics a | alysis |
| Manus | cript num | er (if known): ATM-21-4015-CL |

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| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | | |
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| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | |
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| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
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| 9 | Participation on a Data | X None | | |
| | 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 | XNone | | |
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| | | | | |
| 12 | Receipt of equipment, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | |
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| l N | None. | | | |
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| Date: <u>Sep. 7th, 2021</u> | |
|--|--|
| Your Name: <u>Lin, Li</u> | |
| Manuscript Title: | Identification of key genes associated with esophageal adenocarcinoma based on |
| pioinformatics analysis | |
| Manuscript number (if kr | nown): <u>ATM-21-4015-CL</u> |

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| | | 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 | XNone | |

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| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| ' | meetings and/or travel | | |
| | meetings and/or traver | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| _ | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | | X None | |
| 11 | Stock or stock options | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| 12 | materials, drugs, medical | X_NOTIC | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| 13 | financial interests | | |
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| Plea | ase summarize the above co | nflict of interest in the fo | lowing box: |
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| | lone. | | |

| Date: <u>Sep. 7th</u> | , 2021 |
|----------------------------------|--|
| Your Name: | Shuhai, Li |
| Manuscript Title: | Identification of key genes associated with esophageal adenocarcinoma based on |
| oioinformatics an | alysis |
| Manuscript numb | per (if known):ATM-21-4015-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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|---|---|--|---|
| | | 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. | 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 | X_None | |
| 4 | Consulting fees | XNone | |

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| | lectures, presentations, | | |
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| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| ' | meetings and/or travel | | |
| | meetings and/or traver | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| _ | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
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| 11 | | X None | |
| 11 | Stock or stock options | | |
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| 12 | Receipt of equipment, | X_None | |
| 12 | materials, drugs, medical | X_NOTIC | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| 13 | financial interests | | |
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| Plea | ase summarize the above co | nflict of interest in the fo | lowing box: |
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| | lone. | | |

| Date: | Sep. 7 th | , 2021 | | |
|-------------------------|----------------------|--|--|--|
| our Na | me: | Huiying, Zhang | | |
| Manusc | ript Title: | Identification of key genes associated with esophageal adenocarcinoma based on | | |
| pioinformatics analysis | | | | |
| Manusc | ript numl | per (if known): ATM-21-4015-CL | | |

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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 | XNone | |

| 5 | Payment or honoraria for | XNone | | | |
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| | lectures, presentations, | | | | |
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| | manuscript writing or | | | | |
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| | testimony | | | | |
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| 7 | Support for attending meetings and/or travel | XNone | | | |
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| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
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| 9 | Participation on a Data | X None | | | |
| | 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 | XNone | | | |
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| | services | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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| l N | None. | | | | |
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| Date: <u>Ser</u> | o. 7 th , 2021 | |
|---------------------|---------------------------|---|
| Your Name: _ | Hui, Tiar | |
| Manuscript T | itle: | dentification of key genes associated with esophageal adenocarcinoma based on |
| <u>oioinformati</u> | cs analysis | |
| Manuscript n | number (if kno | own):ATM-21-4015-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. | 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 | XNone | | |

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| 5 | Payment or honoraria for | XNone | | |
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| | testimony | | | |
| 7 | Support for attending | X None | | |
| ' | meetings and/or travel | | | |
| | meetings and/or traver | | | |
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| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | XNone | | |
| | Safety Monitoring Board or | | | |
| _ | Advisory Board | | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | | |
| | | | | |
| | committee or advocacy group, paid or unpaid | | | |
| 11 | | X None | | |
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