Date:____Nov. 25th, 2021____

Consulting fees

Yo	ur Name:Donglei Zhang_			
M	anuscript Title: Develo	opment of a novel miR-364	18-related gene signature as a prognostic biomarker in	
	ophageal adenocarcinoma_			
M	anuscript number (if known)): ATM-21-623	7	
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		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)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	al planning of the work	
1	All support for the present	XNone		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article processing charges, etc.)			
	No time limit for this item.			
	No time initial time term.			
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	Grants or contracts from	Time frame: pas	t 36 months	
2	any entity (if not indicated	XNone		
	in item #1 above).			
3	Royalties or licenses	X None		

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detents planned issued as	V. None	
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,	X None	
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options		
12	Descript of any i	V Name	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Dia	ease summarize the above c	onflict of interest in the	following have
rie	ase summarize the above t	omnet of interest in the	TOHOWING DOX.
	None		
None.			
Dla	ase place an "Y" next to the	following statement to	indicate your agreement:

Date:Nov. 25 th , 2021
Your Name:Hang Yin
Manuscript Title: Development of a novel miR-3648-related gene signature as a prognostic biomarker in esophageal adenocarcinoma
Manuscript number (if known): ATM-21-6237
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.

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 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.	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 lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detents planned issued as	V. None	
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,	X None	
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock or stock options		
12	Descript of any i	V Name	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
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13	Other financial or non-	XNone	
	financial interests		
Dia	ease summarize the above c	onflict of interest in the	following have
rie	ase summarize the above t	omnet of interest in the	TOHOWING DOX.
	None		
None.			
Dla	ase place an "Y" next to the	following statement to	indicate your agreement:

Yo Ma esc	te:Nov. 25 th , 2021 ur Name: Thomas L. Bau anuscript Title: Develo ophageal adenocarcinoma_ anuscript number (if known)	er opment of a novel miR-364 	48-related gene signature as a prognostic biomarker in
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans 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 o so.
	e following questions apply	to the author's relationsh	ips/activities/interests as they relate to the current
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. End in this manuscript without time limit. For all other items,
		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 initia	al 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	
2	Grants or contracts from any entity (if not indicated	Time frame: pas	t 36 months
3	in item #1 above). Royalties or licenses	XNone	

Consulting fees

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detents planned issued as	V. None	
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,	X None	
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	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Descript of any i	V Name	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
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rie	ase summarize the above t	omnet of miterest in the	TOHOWING DOX.
	None		
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Dla	ase place an "Y" next to the	following statement to	indicate your agreement:

Yo Ma esc	te:Nov. 25 th , 2021 ur Name: Michael P. Rog anuscript Title: Develo ophageal adenocarcinoma_ anuscript number (if known)	opment of a novel miR-364	48-related gene signature as a prognostic biomarker in
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans 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 o 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)
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		Time frame: pas	t 36 months
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3	Royalties or licenses	XNone	

Consulting fees

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detents planned issued as	V. None	
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,	X None	
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Descript of any i	V Name	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
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13	Other financial or non-	XNone	
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Dia	ease summarize the above c	onflict of interest in the	following have
rie	ase summarize the above t	omnet of miterest in the	TOHOWING DOX.
	None		
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Dla	ase place an "Y" next to the	following statement to	indicate your agreement:

Yo Ma esc	ophageal adenocarcinoma_	opment of a novel miR-36	48-related gene signature as a prognostic biomarker in	
Ma	anuscript number (if known)): ATM-21-62	3/	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.	
	e following questions apply inuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
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	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other iten	ıs,
		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 initi	al 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		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas	st 36 months	
3	Royalties or licenses	XNone		

Consulting fees

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detents planned issued as	V. None	
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,	X None	
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Descript of any i	V Name	
12	Receipt of equipment, materials, drugs, medical	X_None	
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Dla	ase place an "Y" next to the	following statement to	indicate your agreement:

Yo Ma	ophageal adenocarcinoma_	opment of a novel miR-364	48-related gene signature as a prognostic biomarker in
IVI	anuscript number (if known)): ATM-21-623	······································
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to		ension, you should declare	edefined broadly. For example, if your manuscript pertains eall relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		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 initia	al 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: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

Consulting fees

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
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9	Participation on a Data	XNone	
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	committee or advocacy		
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13	Other financial or non- financial interests	XNone	
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Dla	ase place an "Y" nevt to the	following statement to	indicate your agreement:

Yo Ma esc	te:Nov. 25 th , 2021 ur Name: Weijia Du anuscript Title: Develo ophageal adenocarcinoma_ anuscript number (if known)	opment of a novel miR-36	48-related gene signature as a prognostic biomarker in	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.	
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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		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas	st 36 months	
3	Royalties or licenses	XNone		

Consulting fees

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
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7	Support for attending	XNone	
	meetings and/or travel		
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8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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11	Stock or stock options	X None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
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13	Other financial or non- financial interests	XNone	
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PIE	ease summarize the above c	onnict of interest in the	ionowing box:
	Name		
	None.		
Dla	ase place an "Y" nevt to the	following statement to	indicate your agreement:

Date:____Nov. 25th, 2021____

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Yo	our Name: Ping Xu			
Ma	anuscript Title: Develo	opment of a novel miR-36	48-related gene signature as a prognostic biomarker in	
	ophageal adenocarcinoma_			
Ma	anuscript number (if known)): ATM-21-623	37	
			Il relationships/activities/interests listed below that are	
	-		eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment	
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	lationship/activity/interest,		-	
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			e all relationships with manufacturers of antihypertensive	
	edication, even if that medic	- ·	•	
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In	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other item	15,
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In	· -	s the past 36 months.	Specifications/Comments (e.g., if payments were made to you or to your	ıs,
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In	All support for the present	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)	ns,
In	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)	ns,
In	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)	ns,
In	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)	ns,
In	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)	ns,
In	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)	ıs,
In	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)	ıs,
In	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	15,
In	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	15,
In	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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	15,
In	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. Grants or contracts from any entity (if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiation	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	is,
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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
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7	Support for attending	XNone	
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0	Datanta planned issued an	V None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
-	in other board, society,		
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11	Stock or stock options	X None	
11		^NOTIC	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
	services		
13	Other financial or non- financial interests	XNone	
DI.	anco cummariza tha abeus a	anflict of interest in the	following have
PIE	ease summarize the above c	onnict of interest in the	ionowing box:
	Name		
	None.		
Dla	ase place an "Y" nevt to the	following statement to	indicate your agreement:

	te:Nov. 25 th , 2021 ur Name: Xiaozhe Qian _		
			48-related gene signature as a prognostic biomarker in
	phageal adenocarcinoma_		io related gene signature as a prognessio siemanier in
	nuscript number (if known)		77
rel pa to	ated to the content of your rties whose interests may be transparency and does not i	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans 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
rei	ationship/activity/interest,	it is preferable that you u	0 80.
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1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
	medical writing, article		
	processing charges, etc.)		
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2	Grants or contracts from	XNone	
	any entity (if not indicated		
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Consulting fees

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
	services		
13	Other financial or non- financial interests	XNone	
DI.	anco cummariza tha abeus a	anflict of interest in the	following have
PIE	ease summarize the above c	onnict of interest in the	ionowing box:
	Name		
	None.		
Dla	ase place an "Y" nevt to the	following statement to	indicate your agreement: