Date: September 17, 2023 Your Name:___ Longyu Wei ___ Manuscript Title: Development of a nomogram based on body composition analysis of quantitative CT combined with clinical prognostic factors to predict disease-free survival after surgery and adjuvant chemotherapy in patients with gastric cancer_

Manuscript number (if known): QIMS-23-309

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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| | | Time frame: past | 36 months |
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| 3 | Royalties or licenses | XNone | |

| 4 | Consulting fees | XNone |
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| | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone |
| 6 | Payment for expert testimony | XNone |
| 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 | XNone |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone |
| 11 | Stock or stock options | XNone |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None |
| 13 | Other financial or non- financial interests | XNone |

None.

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

 Date: ______ September 17, 2023 _____

 Your Name: _____ Baoyue Fu ____

 Manuscript Title: ______ Development of a nomogram based on body composition analysis of quantitative CT combined

 with clinical prognostic factors to predict disease-free survival after surgery and adjuvant chemotherapy in patients

 with gastric cancer _____

 Manuscript number (if known): __QIMS-23-309 ______

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| 3 | Royalties or licenses | XNone | |

| 4 | Consulting fees | XNone |
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| | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone |
| 6 | Payment for expert testimony | XNone |
| 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 | XNone |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone |
| 11 | Stock or stock options | XNone |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None |
| 13 | Other financial or non- financial interests | XNone |

None.

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

Date:_____ September 17, 2023____ Your Name:____ Juan Bo ___ Manuscript Title:_____ Development of a nomogram based on body composition analysis of quantitative CT combined with clinical prognostic factors to predict disease-free survival after surgery and adjuvant chemotherapy in patients with gastric cancer____ Manuscript number (if known): QIMS-23-309

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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 lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone |
| 6 | Payment for expert testimony | XNone |
| 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 | XNone |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone |
| 11 | Stock or stock options | XNone |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None |
| 13 | Other financial or non- financial interests | XNone |

None.

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

Date: _____ September 17, 2023 _____ Your Name: ____ Haodong Jia ___ Manuscript Title: _____ Development of a nomogram based on body composition analysis of quantitative CT combined with clinical prognostic factors to predict disease-free survival after surgery and adjuvant chemotherapy in patients with gastric cancer _____ Manuscript number (if known): QIMS-23-309

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| 3 | Royalties or licenses | XNone | |

| 4 | Consulting fees | XNone |
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| | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone |
| 6 | Payment for expert testimony | XNone |
| 7 | Support for attending meetings and/or travel | X_None |
| 8 | Patents planned, issued or pending | XNone |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone |
| 11 | Stock or stock options | XNone |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None |
| 13 | Other financial or non- financial interests | XNone |

None.

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

Date: _____ September 17, 2023 _____ Your Name: ____ Mingjie Sun ____ Manuscript Title: _____ Development of a nomogram based on body composition analysis of quantitative CT combined with clinical prognostic factors to predict disease-free survival after surgery and adjuvant chemotherapy in patients with gastric cancer _____ Manuscript number (if known): _____ QIMS-23-309

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| 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 lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone |
| 6 | Payment for expert testimony | XNone |
| 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 | XNone |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone |
| 11 | Stock or stock options | XNone |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None |
| 13 | Other financial or non- financial interests | XNone |

None.

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

 Date:
 September 17, 2023

 Your Name:
 Xueyan Jiang

 Manuscript Title:
 Development of a nomogram based on body composition analysis of quantitative CT combined with clinical prognostic factors to predict disease-free survival after surgery and adjuvant chemotherapy in patients with gastric cancer

 Manuscript number (if known):
 QIMS-23-309

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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 lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone |
| 6 | Payment for expert testimony | X_None |
| 7 | Support for attending meetings and/or travel | XNone |
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| 11 | Stock or stock options | XNone |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None |
| 13 | Other financial or non- financial interests | XNone |

None.

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

Date: _____ September 17, 2023 _____ Your Name: ____ Tingting Wang ___ Manuscript Title: _____ Development of a nomogram based on body composition analysis of quantitative CT combined with clinical prognostic factors to predict disease-free survival after surgery and adjuvant chemotherapy in patients with gastric cancer _____ Manuscript number (if known): _____ QIMS-23-309

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

None.

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

 Date:
 September 17, 2023

 Your Name:
 Peipei Wang

 Manuscript Title:
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 with clinical prognostic factors to predict disease-free survival after surgery and adjuvant chemotherapy in patients

 with gastric cancer

 Manuscript number (if known):

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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 | XNone |
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| | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone |
| 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 | XNone |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone |
| 11 | Stock or stock options | XNone |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None |
| 13 | Other financial or non- financial interests | XNone |

None.

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

Date: September 17, 2023 Your Name: Jiangning Dong Manuscript Title:____Development of a nomogram based on body composition analysis of Quantitative CT combined with clinical prognostic factors to predict disease-free survival after surgery and adjuvant chemotherapy in patients with gastric cancer_

Manuscript number (if known): QIMS-23-309

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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. | Key Specialties in Clinical Medicine Construction Funding Project of Anhui Province (No.2019sjlczdzk) Key Research and Development Projects of Anhui Province (No.2022e07020008) The National Cancer Center Climbing Foundation for Clinical Research (No.NCC201912B03) | |

| | | Time frame: past 36 months |
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