

ICMJE DISCLOSURE FORM

Date: 2023/12/06
 Your Name: Haiyan Cheng
 Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience
 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.

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

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ICMJE DISCLOSURE FORM

Date: 2023/12/06

Your Name: Yu Lin

Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/12/06

Your Name: Jin Zhu

Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/12/06
 Your Name: Hong Qin
 Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience
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Date: 2023/12/06

Your Name: Wei Yang

Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience

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Date: 2023/12/06
 Your Name: Xiaofeng Chang
 Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience
 Manuscript number (if known): _____

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Date: 2023/12/06
 Your Name: Jun Feng
 Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience
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Date: 2023/12/06
 Your Name: Shen Yang
 Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience
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ICMJE DISCLOSURE FORM

Date: 2023/12/06
 Your Name: Libing Fu
 Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience
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Date: 2023/12/06
 Your Name: Nan Zhang
 Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience
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Date: 2023/12/06

Your Name: Kui Shi

Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None

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.

ICMJE DISCLOSURE FORM

Date: 2023/12/06
 Your Name: Jian Sun
 Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience
 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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ICMJE DISCLOSURE FORM

Date: 2023/12/06

Your Name: Yan Su

Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/12/06

Your Name: Mei Jin

Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/12/06
 Your Name: Shan Wang
 Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/12/06
 Your Name: Huanmin Wang
 Manuscript Title: Clinical features, treatment strategies, and prognosis of epithelioid inflammatory myofibroblastic sarcoma in children: a multicenter experience
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