

#### Instructions

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. Given Name (Fi (inhua	rst Name)	2. Surnam Chen	e (Last Name)		3. Date 09-November-2020
Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Na Yu Jiang	me
	tion Model for A Spen ntifying Number (if you		Gastric Cance	er, Linitis Plastica	

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

Are there any relevant conflicts of interest?	Are there an	iv relevant	conflicts	of interest?		Yes
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Are there any relevant conflicts of interest?	Yes	$\checkmark$	No

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	V No	0



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Dr. Chen has nothing to disclose.

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Section 1.	Identifying Info	mation	
1. Given Name (F Yunfei	irst Name)	2. Surname (Last Name Zhi	) 3. Date 09-November-2020
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Name Yu Jiang
5. Manuscript Titl Prognosis Predi		cial Entity of Gastric Canc	er, Linitis Plastica
6. Manuscript Ide JGO-20-264	ntifying Number (if you	know it)	

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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Southern Medical University	$\checkmark$					

# Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🗸 No



### Section 5. Relationships not covered above

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Dr. Zhi reports grants from Southern Medical University, outside the submitted work; .

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Section 1. Identifying Info	rmation		
1. Given Name (First Name) Zhousheng	2. Surname (Last Name) Lin		. Date 9-November-2020
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Yu Jiang	
5. Manuscript Title Prognosis Prediction Model for A Spe	cial Entity of Gastric Cance	er, Linitis Plastica	
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## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?	Yes	$\checkmark$	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	
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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Yu has nothing to disclose.

#### **Evaluation and Feedback**