Dat	te:2	2021.8.31			
		Zheng Kang			
Ma	nuscript Title	e:_ Correlation	between L3 skeletal musc	le index and prognosis of patients with stage IV gastric c	<u>ancer</u>
Ma	nuscript nun	nber (if known)	:		
related to the related The	ated to the corties whose intransparency ationship/act	ontent of your name of your nam	manuscript. "Related" med e affected by the content on necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans 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 so.  ps/activities/interests as they relate to the current	
to t me	the epidemio dication, eve tem #1 belov	ology of hyperte en if that medic w, report all sup	ension, you should declare ation is not mentioned in	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.  d in this manuscript without time limit. For all other item	e
			Name all austriae wish	Considerations (Comments	
			Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			none (add rows as needed)		
			Time frame: Since the initia	planning of the work	
L	manuscript (e provision of s medical writin processing ch	itudy materials, ng, article narges, etc.)	XNone		
	NO TIME IIMIT	for this item.			
			Time frame: past	36 months	
2	Grants or con any entity (if in item #1 abo	not indicated	XNone		
3	Royalties or li	icenses	_ <b>X</b> None		

Consulting fees

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None

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert	_ <b>X</b> None
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	_ <b>X</b> None
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
4.0	Advisory Board	W
10	Leadership or fiduciary role in other board, society,	XNone
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X None
	·	
12	Receipt of equipment,	<b>X</b> None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non- financial interests	XNone
	financiai interests	
	Pase summarize the above controls.	onflict of interest in the following box:
Pla	ase place an "X" next to the	following statement to indicate your agreement:
	ase place all A licke to till	ionothing statement to maleute your agreement.

\_ X \_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Dat	te:20	21.8.31			
	ur Name:				
Ma	nuscript Title:	_ Correlation	between L3 skeletal mus	scle index and prognosis of patients with stage IV gastric	<u>cancer</u>
	nuscript numb				
In t	the interest of	transparency	, we ask you to disclose	all relationships/activities/interests listed below that are	
		-	-	eans any relation with for-profit or not-for-profit third	
-		-	_	t of the manuscript. Disclosure represents a commitment	
			<u>-</u>	s. If you are in doubt about whether to list a	
reia	ationsnip/activ	vity/interest,	it is preferable that you	do so.	
	e following que nuscript only.		to the author's relations	hips/activities/interests as they relate to the current	
to t	the epidemiol	ogy of hypert		e <u>defined broadly</u> . For example, if your manuscript perta re all relationships with manufacturers of antihypertension n the manuscript.	
	-	•	pport for the work repor s the past 36 months.	ted in this manuscript without time limit. For all other it	∍ms,
			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)	
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			Time frame: Since the init	ial planning of the work	
	All support for	the present	<b>X</b> None		
	manuscript (e.g	-			
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			Time frame: pa	sst 36 months	
2	Grants or contr	racts from	<b>X</b> None		
	any entity (if no				
	in item #1 abov	ve).			

Royalties or licenses

Consulting fees

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X

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Pa	ayment or honoraria for	<b>X</b> None	
lec	ctures, presentations,		
	eakers bureaus,		
	anuscript writing or Jucational events		
_	syment for expert	<b>X</b> None	
	stimony	_ ANone	
	Julian,		
	ipport for attending eetings and/or travel	<b>X</b> None	
Da	stants planned issued or	V. None	
	atents planned, issued or ending	XNone	
Do	articipation on a Data	V None	
Sat	ifety Monitoring Board or dvisory Board	XNone	
	eadership or fiduciary role	<b>X</b> None	
	other board, society,	^NUILE	
	mmittee or advocacy		
	oup, paid or unpaid		
Sto	ock or stock options	_ <b>X</b> None	
Re	eceipt of equipment,	X None	
	aterials, drugs, medical	XNone	
	riting, gifts or other		
sei	rvices		
	ther financial or non-	<b>X</b> None	
fin	nancial interests		
ease	e summarize the above co	onflict of interest in the	following box:
No	one.		
ease	e place an "X" next to the	following statement to	indicate your agreement:
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Da	te:2021.8.31		
	ur Name: Kang Li		
			cle index and prognosis of patients with stage IV gastric cance
IVI	anuscript number (if known)	) <b>:</b>	
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	all 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>
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
In	•	pport for the work report	ed in this manuscript without time limit. For all other items,
		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 initi	al planning of the work
1	All support for the present	<b>X</b> None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
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	any entity (if not indicated		
	any entity (if not indicated in item #1 above).		

Consulting fees

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;	Payment or honoraria for	X None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
	Payment for expert	XNone
	testimony	
	Company for attending	W. W.
	Support for attending meetings and/or travel	<b>X</b> None
	meetings and/or traver	
	Datanta plannad issued an	Y N
	Patents planned, issued or pending	XNone
	pending	
	Participation on a Data	X None
	Safety Monitoring Board or	XNone
	Advisory Board	
)	Leadership or fiduciary role	X None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
L	Stock or stock options	_ <b>X</b> None
	Receipt of equipment,	<b>X</b> None
	materials, drugs, medical	
	writing, gifts or other services	
3	Other financial or non-	X None
,	financial interests	None
le	ase summarize the above o	onflict of interest in the following box:
	None.	
L		
le	ease place an "X" next to the	e following statement to indicate your agreement:
X	Leartify that I have one	wered every question and have not altered the wording of any of the questions

Da	te:2021.8.31			
Yo	ur Name: You Shuai			
	nuscript Title: <u>Correlation</u> nuscript number (if known		e index and prognosis of patients with stage IV gastric ca	incer
In rel to me	the interest of transparency ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest, e following questions apply anuscript only.  e author's relationships/act the epidemiology of hypertedication, even if that medicated the discrept only.	we ask you to disclose all manuscript. "Related" mea e affected by the content onecessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare cation is not mentioned in the poort for the work reporte	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertain all relationships with manufacturers of antihypertensive	1
		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).	<b>X</b> None		
3	Royalties or licenses	_ <b>X</b> None		

Consulting fees

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Payment or honoraria for	<b>X</b> None	
lectures, presentations,		
speakers bureaus,		
manuscript writing or educational events		
Payment for expert	V Name	
testimony	<b>X</b> None	
testimony		
Support for attending	<b>X</b> None	
meetings and/or travel		
Patents planned, issued or	_ <b>X</b> None	
pending		
Participation on a Data	<b>X</b> None	
Safety Monitoring Board or		
Advisory Board		
0 Leadership or fiduciary role	<b>X</b> None	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
1 Stock or stock options	_ <b>X</b> None	
Receipt of equipment,	<b>X</b> None	
materials, drugs, medical		
writing, gifts or other		
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3 Other financial or non- financial interests	<b>X</b> None	
imancial interests		
	auflist of interest in the	following how
Please summarize the above of	connict of interest in the	onowing box:
None.		
Please place an "X" next to th	e following statement to	indicate your agreement:
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Da	nte:2021.8.31			
	our Name: Ke Xue			
	anuscript Title: <u>Correlatio</u> anuscript number (if knowr		cle index and prognosis of patients with stage IV gastric can	<u>cer</u>
rel pa to	lated to the content of you rties whose interests may I	manuscript. "Related" me be 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 applanuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
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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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	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	
	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
;	Royalties or licenses	<b>X</b> None		

Consulting fees

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Payment or honoraria for	<b>X</b> None	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events	V N	
Payment for expert testimony	<b>X</b> None	
testimony		
Support for attending	<b>X</b> None	
meetings and/or travel	XNone	
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Patents planned, issued or	X None	
pending		
Participation on a Data	<b>X</b> None	
Safety Monitoring Board or		
Advisory Board		
D Leadership or fiduciary role	<b>X</b> None	
in other board, society,		
committee or advocacy		
group, paid or unpaid  Stock or stock options	V Name	
1 Stock or stock options	<b>X</b> None	
Receipt of equipment,	X None	
materials, drugs, medical	XNone	
writing, gifts or other		
services		
Other financial or non-	<b>X</b> None	
financial interests		
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Please place an "X" next to the	e following statement to in	dicate your agreement:
		have not altered the wording of any of the guestion

Da	te:20	21.8.31			
Yo	ur Name:	_ Yuejiao Zh	ong		
Ma	anuscript Title:	<u>Correlation</u>	between L3 skeletal muse	cle index and prognosis of patients with stage IV gastric can	<u>cer</u>
Ma	anuscript numb	er (if known)	:		
In 1	the interest of	transparency	, we ask you to disclose a	Il relationships/activities/interests listed below that are	
			·	eans any relation with for-profit or not-for-profit third	
pa	rties whose int	erests may be	affected by the content	of the manuscript. Disclosure represents a commitment	
	•		<u>-</u>	s. If you are in doubt about whether to list a	
rel	ationship/activ	vity/interest,	it is preferable that you d	o so.	
Th	e following au	actions annly	to the author's relationsh	nips/activities/interests as they relate to the current	
	anuscript only.	estions apply	to the author 3 relations	inps, activities, interests as they relate to the <u>current</u>	
Th	e author's relat	tionships/acti	vities/interests should be	e <u>defined broadly</u> . For example, if your manuscript pertains	
	-		· •	e all relationships with manufacturers of antihypertensive	
me	edication, even	if that medic	ation is not mentioned in	the manuscript.	
				and the selection of th	
			-	ed in this manuscript without time limit. For all other items	i,
tne	e time frame fo	or disclosure is	s the past 36 months.		
			Name all entities with	Specifications/Comments	
			whom you have this	(e.g., if payments were made to you or to your	
			relationship or indicate none (add rows as	institution)	
			needed)		
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	All support for	the present	<b>X</b> None		
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2	Grants or contr		<b>X</b> None		
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3	Royalties or lice	enses	_ <b>X</b> None		

Consulting fees

X

)	Payment or honoraria for	<b>X</b> None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	<b>X</b> None	
	testimony		
	Support for attending	<b>X</b> None	
	meetings and/or travel		
	Patents planned, issued or	_ <b>X</b> None	
	pending		
)	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board	• • • • • • • • • • • • • • • • • • • •	
.0	Leadership or fiduciary role in other board, society,	<b>X</b> None	
	committee or advocacy		
	group, paid or unpaid		
.1	Stock or stock options	<b>X</b> None	
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2	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
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L3	Other financial or non-	<b>X</b> None	
	financial interests		
Ple	ase summarize the above o	onflict of interest in the	following box:
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	None .		
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٩le	ase place an "X" next to the	e following statement to	indicate your agreement:
_ X	I certify that I have ans	wered every question an	nd have not altered the wording of any of the questions

Da	te:2021.8.31			
Yo	ur Name: Lingxiang (	Chen		
	inuscript Title: <u>Correlation</u> inuscript number (if known)		cle index and prognosis of patients with stage IV gastric o	<u>:ancer</u>
rel par 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.	
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertai e all relationships with manufacturers of antihypertensiv the manuscript.	
In i		pport for the work report	ed in this manuscript without time limit. For all other ite	ms,
		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.	<b>X</b> None		
		Time frame: pas	t 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	Thomas Thomas	
3	Royalties or licenses	_ XNone		

Consulting fees

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	Payment or honoraria for	<b>X</b> None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	_ <b>X</b> None	
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	Support for attending meetings and/or travel	<b>X</b> None	
	Patents planned, issued or	X None	
	pending		
	Participation on a Data Safety Monitoring Board or Advisory Board	<b>X</b> None	
0	Leadership or fiduciary role	V None	
	in other board, society,	<b>X</b> None	
	committee or advocacy		
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1	Stock or stock options	_ <b>X</b> None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other	X None	
-		XNone	
	services		
3	Other financial or non-	<b>X</b> None	
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	None.		
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. X	I certify that I have ans	wered every question and	have not altered the wording of any of the question