

ICMJE DISCLOSURE FORM

Date: Nov 10, 2021

Your Name: Li Liu

Manuscript Title: Postoperative bleeding in patients with gastric cancer treated with endoscopic submucosal dissection

Manuscript number (if known): JGO-21-466

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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		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: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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This paper was funded by Beijing-Tianjin-Hebei research cooperation project H2018206450.

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

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Date: Nov 10, 2021

Your Name: Hongqun Liu

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Date: Nov 10, 2021

Your Name: Zhijie Feng

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