Date: Dec 16, 2021

Your Name: Shujia Chen

Manuscript Title: Identification and development of IncRNAs based on different patterns of immune infiltration in gastric cancer

Manuscript number (if known): JGO-21-833

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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.	_√None	
		Time frame: past 3	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	√None	
3	Royalties or licenses	√None	

4	Consulting fees	None	
5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
	· · · · · · · · · · · · · · · · · · ·		
7	Support for attending	_√None	
	meetings and/or travel		
8	Patents planned, issued or pending	√None	
	pending		
9	Participation on a Data	√None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in	√_None	
	other board, society,		
	committee or advocacy group,		
11	paid or unpaid Stock or stock options	√None	
12	Receipt of equipment,	√None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

I have completed the ICMJE uniform disclosure form.I confirm that there are no conflicts of interest.

Please place an "X" next to the following statement to indicate 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.

Date: Dec 16, 2021 Your Name: Xinyu Ben Manuscript Title: Identification and development of IncRNAs based on different patterns of immune infiltration in gastric cancer Manuscript number (if known): <u>JGO-21-833</u>

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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	_√None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past 3	36 months
2	Grants or contracts from any	√None	
	entity (if not indicated in item		
	#1 above).		
3	Royalties or licenses	√None	

4	Consulting fees	√None	
5	Payment or honoraria for	√None	
	lectures, presentations, speakers bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	√None	
7	Support for attending	_√None	
	meetings and/or travel		
8	Patents planned, issued or pending	√None	
	pending		
9	Participation on a Data	√None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in	√_None	
	other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	√None	
12	Receipt of equipment,	√None	
	materials, drugs, medical	-	
	writing, gifts or other services		
13	Other financial or non-	√None	
	financial interests		

I have completed the ICMJE uniform disclosure form.I confirm that there are no conflicts of interest.

Please place an "X" next to the following statement to indicate 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.

Date: Dec 16, 2021 Your Name: Lianyi Guo Manuscript Title: Identification and development of IncRNAs based on different patterns of immune infiltration in gastric cancer Manuscript number (if known): <u>JGO-21-833</u>

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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	_√None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past 3	36 months
2	Grants or contracts from any	√None	
	entity (if not indicated in item		
	#1 above).		
3	Royalties or licenses	_√None	

4	Consulting fees	√None	
5	Payment or honoraria for	√None	
	lectures, presentations, speakers bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	√None	
7	Support for attending	√None	
	meetings and/or travel		
8	Patents planned, issued or	√None	
Ũ	pending		
9	Participation on a Data	_√None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	√_None	
	committee or advocacy group,		
	paid or unpaid		
11	Stock or stock options	√None	
12	Receipt of equipment,	√_None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	√None	
	financial interests		

I have completed the ICMJE uniform disclosure form. I confirm that there are no conflicts of interest.

Please place an "X" next to the following statement to indicate 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.

Date: Dec 16, 2021 Your Name: Xiaofei Li Manuscript Title: Identification and development of IncRNAs based on different patterns of immune infiltration in gastric cancer Manuscript number (if known): JGO-21-833

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom	Specifications/Comments
		you have this relationship or	(e.g., if payments were made to you or to your institution)
		indicate none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	_√None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any	√None	
	entity (if not indicated in item		
	#1 above).		
3	Royalties or licenses	√None	

4	Consulting fees	√None	
5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	√None	
7	Support for attending	√None	
	meetings and/or travel		
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	√None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in	√None	
	other board, society,		
	committee or advocacy group,		
	paid or unpaid		
11	Stock or stock options	√None	
12	Receipt of equipment,	√None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√None	
	financial interests		

I have completed the ICMJE uniform disclosure form. I confirm that there are no conflicts of interest.

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