

# ICMJE DISCLOSURE FORM

Date: Dec. 25<sup>th</sup>, 2021  
 Your Name: Qiu-Xia Feng  
 Manuscript Title: Development and validation of a dual-energy CT-based model to estimate the malignant probability of distal gastric wall thickening  
 Manuscript number (if known): JGO-21-552-CL

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | 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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
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| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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

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# ICMJE DISCLOSURE FORM

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 Your Name: Lu-Lu Xu  
 Manuscript Title: Development and validation of a dual-energy CT-based model to estimate the malignant probability of distal gastric wall thickening  
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 Your Name: Qiong Li  
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# ICMJE DISCLOSURE FORM

Date: Dec. 25<sup>th</sup>, 2021  
 Your Name: Xiao-Ting Jiang  
 Manuscript Title: Development and validation of a dual-energy CT-based model to estimate the malignant probability of distal gastric wall thickening  
 Manuscript number (if known): JGO-21-552-CL

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# ICMJE DISCLOSURE FORM

Date: Dec. 25<sup>th</sup>, 2021  
 Your Name: Bo Tang  
 Manuscript Title: Development and validation of a dual-energy CT-based model to estimate the malignant probability of distal gastric wall thickening  
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Date: Dec. 25<sup>th</sup>, 2021  
 Your Name: Na-Na Sun  
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
|   |  |  |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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

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