

## ICMJE DISCLOSURE FORM

Date: 2022/4/13

Your Name: Yan Weng

Manuscript Title: Comparison of characteristics between true rNENs and rHP among patients with endoscope-diagnosed rNENs

Manuscript number (if known): \_\_\_\_\_

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)
<b>Time frame: Since the initial planning of the work</b>			
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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None.

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

## ICMJE DISCLOSURE FORM

Date: 2022/4/13

Your Name: Jingxue Ran

Manuscript Title: Comparison of characteristics between true rNENs and rHP among patients with endoscope-diagnosed rNENs  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/4/13

Your Name: Yongmei Peng

Manuscript Title: Comparison of characteristics between true rNENs and rHP among patients with endoscope-diagnosed rNENs

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## ICMJE DISCLOSURE FORM

Date: 2022/4/13

Your Name: Yining Xiang

Manuscript Title: Comparison of characteristics between true rNENs and rHP among patients with endoscope-diagnosed rNENs

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## ICMJJE DISCLOSURE FORM

Date: 2022/4/13

Your Name: Liangbi Xu

Manuscript Title: Comparison of characteristics between true rNENs and rHP among patients with endoscope-diagnosed rNENs

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