ICMJE DISCLOSURE FORM

Date	e:2022/5/3	1	
You	r Name:Bo Liu		
Man	nuscript Title: Fourth-lin	ne rescue treatment of adv	vanced small intestine gastrointestinal stromal tumors: a cas
repo	ort		
Man	nuscript number (if known):		
relate to trelate	ted to the content of your n ies whose interests may be ansparency and does not no tionship/activity/interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f 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
The to th med	author's relationships/activne epidemiology of hypertelication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. I in this manuscript without time limit. For all other items,
		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 initia	l 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	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone			
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	X None			
	testimony				
	,				
7	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
_					
9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10		V. None			
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,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
5 1.	Please summarize the above conflict of interest in the following box:				
Plea	ise summarize the above co	ntlict of interest in the foll	owing box:		

None			

Please place an "X" next to the following statement to indicate your agreement:

 \underline{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:	2022/5/31	
Your Name:	Youwei Kou_	
Manuscript Title	:Fourth-line rescue tre	atment of advanced small intestine gastrointestinal stromal tumors: a case
report		
Manuscript num	ber (if known):	
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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 manuscript only</u>.

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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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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