

# ICMJE DISCLOSURE FORM

Date: 2022/6/15  
 Your Name: Hailei Du  
 Manuscript Title: The prognostic value of an immune-related gene signature and infiltrating tumor immune cells based on *bioinformatics analysis* in primary esophageal cancer  
 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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

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.

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<b>Time frame: Since the initial planning of the work</b>			
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	

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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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.

# ICMJE DISCLOSURE FORM

Date: 2022/6/15  
 Your Name: Shuai Pang  
 Manuscript Title: The prognostic value of an immune-related gene signature and infiltrating tumor immune cells based on *bioinformatics analysis* in primary esophageal cancer  
 Manuscript number (if known): \_\_\_\_\_

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# ICMJE DISCLOSURE FORM

Date: 2022/6/14  
 Your Name: Yong Li  
 Manuscript Title: The prognostic value of an immune-related gene signature and infiltrating tumor immune cells based on *bioinformatics analysis* in primary esophageal cancer  
 Manuscript number (if known): \_\_\_\_\_

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# ICMJE DISCLOSURE FORM

Date: 2022/6/14  
 Your Name: Lianggang Zhu  
 Manuscript Title: The prognostic value of an immune-related gene signature and infiltrating tumor immune cells based on *bioinformatics analysis* in primary esophageal cancer  
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# ICMJE DISCLOSURE FORM

Date: 2022/6/15  
 Your Name: Junbiao Hang  
 Manuscript Title: The prognostic value of an immune-related gene signature and infiltrating tumor immune cells based on *bioinformatics analysis* in primary esophageal cancer  
 Manuscript number (if known): \_\_\_\_\_

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# ICMJE DISCLOSURE FORM

Date: 2022/6/15

Your Name: Ling Chen

Manuscript Title: The prognostic value of an immune-related gene signature and infiltrating tumor immune cells in primary esophageal cancer

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

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