

## ICMJE DISCLOSURE FORM

Date: 2022-11-8

Your Name: Yong-Qing Wang

Manuscript Title: Comparison of Efficacy and Safety between Endoscopic and Laparoscopic Resections in the Treatment of Gastric Stromal Tumors

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

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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> | 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).   | None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | None   |   |
|   |  |  |   |
| 4   | Consulting fees  | None   |   |
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|----|--|------------------|--|
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u>    </u> None |  |
| 6  | Payment for expert testimony   | <u>    </u> None |  |
| 7  | Support for attending meetings and/or travel   | <u>    </u> None |  |
| 8  | Patents planned, issued or pending   | <u>    </u> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <u>    </u> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <u>    </u> None |  |
| 11 | Stock or stock options   | <u>    </u> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <u>    </u> None |  |
| 13 | Other financial or non-financial interests   | <u>    </u> None |  |

**Please summarize the above conflict of interest in the following box:**

No conflict 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.

## ICMJE DISCLOSURE FORM

Date: 2022-11-8

Your Name: Long-Quan Li

Manuscript Title: Comparison of Efficacy and Safety between Endoscopic and Laparoscopic Resections in the Treatment of Gastric Stromal Tumors

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

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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | ___ None |  |
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## ICMJE DISCLOSURE FORM

Date: 2022-11-8

Your Name: Guang-Ming Li

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

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