Date:___DEC. 28th, 2022___ Your Name:___Xinyang Chen_

Manuscript Title:Are sleep duration, sleep apnea, and shift work associated with colorectal cancer risk?				
Ma	anuscript number (if known)):JGO-22-117	79-MS-6185	
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declar ation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other ite	⁄e
		T		
		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 initi	al planning of the work	
l	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 from a nec	1 2C manth a	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas	t 36 Months	
3	Royalties or licenses	X_None		
1	Consulting fees	X None		

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	,		
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 group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X_None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:
_			-
	None.		
Ple	ase place an "X" next to the	following statement to ir	dicate 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.

Date:DEC. 28th, 2022	
Your Name: Hancong Li_	
Manuscript Title:Are sleep duration	n, sleep apnea, and shift work associated with colorectal cancer risk?
Manuscript number (if known):	JGO-22-1179-MS-6185

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		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	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time infilt for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	,		
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 group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X_None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:
_			-
	None.		
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form.

Date:___DEC. 28th, 2022____

	ur Name:Xiaoyin Liu_ anuscript Title:Are slee	ep duration, sleep apnea, a	and shift work associated with colorectal cancer risk?	
Ma	anuscript number (if known)	:JGO-22-1179	9-MS-6185	
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.	
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the current	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in the propertion of the work reported.	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other item	
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		Time frame: past	36 months	
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3	Royalties or licenses	XNone		
4	Consulting fees	XNone		

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	,		
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 group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X_None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:
_			-
	None.		
Ple	ase place an "X" next to the	following statement to ir	dicate your agreement:

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form.

Date:DEC. 28th, 2022	
Your Name: Yu Wu_	
Manuscript Title:Are sleep duration, s	leep apnea, and shift work associated with colorectal cancer risk?
Manuscript number (if known):	_JGO-22-1179-MS-6185

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		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	

		1	
4	Consulting fees	XNone	
5	Payment or honoraria for	X None	
_	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
	,		
7	Command for additional	V No.	
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	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Other fine reight and a	V None	
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	Niere		
	None.		

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

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Date:DEC. 28th, 2022	
Your Name: Qingbo Feng_	
Manuscript Title:Are sleep durat	ion, sleep apnea, and shift work associated with colorectal cancer risk?
Manuscript number (if known):	JGO-22-1179-MS-6185

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	

		1		
4	Consulting fees	XNone		
5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or			
	educational events			
		V Name		
6	Payment for expert	XNone		
	testimony			
7	Support for attending	XNone		
	meetings and/or travel			
8	Patents planned, issued or	XNone		
	pending			
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9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in other board, society,	XNone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
11	Stock of Stock options			
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
12	Other fine a sigle and a	V. Nors		
13	Other financial or non-	XNone		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
	None.			
- 1				

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