

ICMJE DISCLOSURE FORM

Date: 10/31/2021

Your Name: Martha E. Teke

Manuscript Title: An unusual case of paraesophageal and diaphragmatic SDHA-deficient GIST metastases

Manuscript Number (if known): JGO-22-714-CL

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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 10/31/2021

Your Name: Agnes Choi

Manuscript Title: An unusual case of paraesophageal and diaphragmatic SDHA-deficient GIST metastases

Manuscript Number (if known): JGO-22-714-CL

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Date: 10/31/2021

Your Name: Amber Leila Sarvestani

Manuscript Title: An unusual case of paraesophageal and diaphragmatic SDHA-deficient GIST metastases

Manuscript Number (if known): JGO-22-714-CL

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Date: 10/31/2021

Your Name: Andrew M Blakely

Manuscript Title: An unusual case of paraesophageal and diaphragmatic SDHA-deficient GIST metastases

Manuscript Number (if known): JGO-22-714-CL

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Date: 10/31/2021

Your Name: Shamus R. Carr

Manuscript Title: An unusual case of paraesophageal and diaphragmatic SDHA-deficient GIST metastases

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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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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