| Date: _ | Jan. 4 th , | 2023 |
|---------|------------------------|---|
| Your N | ame: | Masaya Iwamuro |
| Manus | cript Title: | Lesion size, elevated morphology, and non or closed-type atrophy are predictive factors for |
| gastric | adenocard | noma of the fundic gland type rather than oxyntic gland adenoma |
| Manus | cript numb | er (if known): JGO-22-870-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.

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

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

| | | 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 limit for this item. | | |
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| | | | |
| | | 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 | | | | |
| 4- | Advisory Board | V N | | | |
| 10 | Leadership or fiduciary role | XNone | | | |
| | in other board, society, | | | | |
| | committee or advocacy group, paid or unpaid | | | | |
| 11 | | V None | | | |
| 11 | Stock or stock options | XNone | | | |
| | | | | | |
| 12 | Possint of aguinment | V None | | | |
| 12 | Receipt of equipment, | X_None | | | |
| | materials, drugs, medical writing, gifts or other | | | | |
| | services | | | | |
| | | | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | | |
| | None. | | | | |
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| Date: _ | Jan. | 4 th , 2 |)23 | | |
|---|-----------|---------------------|--|-----------------------------------|--|
| Your N | ame: | С | niaki Kusumoto | | |
| Manus | cript Tit | :le: | Lesion size, elevated morphology, and non or closed-type a | trophy are predictive factors for | |
| gastric adenocarcinoma of the fundic gland type rather than oxyntic gland adenoma | | | | | |
| Manus | cript nu | mbe | (if known): <u>JGO-22-870-CL</u> | | |

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|---|---|--|---|
| | | Time frame: Since the initial | 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 | X_None | |
| 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 | X None | | |
| ' | meetings and/or travel | | | |
| | meetings and/or traver | | | |
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| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | | |
| | | | | |
| _ | Advisory Board | | | |
| 10 | Leadership or fiduciary role | XNone | | |
| | in other board, society, committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | | X None | | |
| 11 | Stock or stock options | | | |
| | | | | |
| 12 | Receipt of equipment, | X_None | | |
| 12 | materials, drugs, medical | X_NOTIC | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| 13 | financial interests | | | |
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| Plea | ase summarize the above co | nflict of interest in the fo | lowing box: | |
| | | | | |
| | None. | | | |

| Date: Jan | 4 th , 2023 |
|---------------------|---|
| Your Name: _ | Masahiro Nakagawa |
| Manuscript T | le: Lesion size, elevated morphology, and non or closed-type atrophy are predictive factors for |
| gastric adeno | arcinoma of the fundic gland type rather than oxyntic gland adenoma |
| Manuscript n | mber (if known): <u>JGO-22-870-CL</u> |
| | |

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| | | Time frame: Since the initial | 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. | _X_None | |
| | | 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 | | | |
| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| 7 | Support for attending | X None | | |
| ' | meetings and/or travel | | | |
| | meetings and/or traver | | | |
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| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | | |
| | | | | |
| _ | Advisory Board | | | |
| 10 | Leadership or fiduciary role | XNone | | |
| | in other board, society, committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | | X None | | |
| 11 | Stock or stock options | | | |
| | | | | |
| 12 | Receipt of equipment, | X_None | | |
| 12 | materials, drugs, medical | X_NOTIC | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| 13 | financial interests | | | |
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| Plea | ase summarize the above co | nflict of interest in the fo | lowing box: | |
| | | | | |
| | None. | | | |

| Date: _ | Jan. 4 ^{ti} | , 2023 | | |
|---|----------------------|---|--|--|
| Your Na | me: | Kazuhiro Matsueda | | |
| Manuso | ript Title | : Lesion size, elevated morphology, and non or closed-type atrophy are predictive factors for | | |
| gastric adenocarcinoma of the fundic gland type rather than oxyntic gland adenoma | | | | |
| Manuso | ript num | ber (if known): <u>JGO-22-870-CL</u> | | |

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|---|---|--|---|
| | | Time frame: Since the initial | 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 | | | |
| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| 7 | Support for attending | X None | | |
| ' | meetings and/or travel | | | |
| | meetings and/or traver | | | |
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| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
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| 9 | Participation on a Data Safety Monitoring Board or | XNone | | |
| | | | | |
| _ | Advisory Board | | | |
| 10 | Leadership or fiduciary role | X_None | | |
| | in other board, society, committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | | X None | | |
| 11 | Stock or stock options | | | |
| | | | | |
| 12 | Receipt of equipment, | X_None | | |
| 12 | materials, drugs, medical | X_NOTIC | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| 13 | financial interests | | | |
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| Plea | ase summarize the above co | nflict of interest in the fo | lowing box: | |
| | | | | |
| | None. | | | |

| Date: _ | Jan. 4 th | , 2023 | | | |
|---|----------------------|---|--|--|--|
| Your Na | ame: | Sayo Kobayashi | | | |
| Manusc | ript Title: | Lesion size, elevated morphology, and non or closed-type atrophy are predictive factors for | | | |
| gastric adenocarcinoma of the fundic gland type rather than oxyntic gland adenoma | | | | | |
| Manusc | ript num | per (if known): <u>JGO-22-870-CL</u> | | | |

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| 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. | _X_None | |
| | | 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 | | | | |
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| 6 | Payment for expert | XNone | | | |
| | testimony | | | | |
| 7 | Support for attending | X None | | | |
| ' | meetings and/or travel | | | | |
| | meetings and/or traver | | | | |
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| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | XNone | | | |
| | Safety Monitoring Board or | | | | |
| _ | Advisory Board | | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy | X_None | | | |
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| | group, paid or unpaid | | | | |
| 11 | | X None | | | |
| 11 | Stock or stock options | | | | |
| | | | | | |
| 12 | Receipt of equipment, | X_None | | | |
| 12 | materials, drugs, medical | X_NOTIC | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | X None | | | |
| 13 | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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| Date: _ | Jan. | 4 th , 202 | 23 | | | |
|---|--|-----------------------|--|-----------|--|--|
| Your N | ame: | Ma | sao Yoshioka | | | |
| Manus | cript Tit | le: | Lesion size, elevated morphology, and non or closed-type atrophy are predictive fa | ctors for | | |
| gastric adenocarcinoma of the fundic gland type rather than oxyntic gland adenoma | | | | | | |
| Manus | Manuscript number (if known): <u>JGO-22-870-CL</u> | | | | | |

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| | | Time frame: Since the initial | planning of the work |
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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 | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | | | |
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| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | | | | |
| 6 | Payment for expert | XNone | | | |
| | testimony | | | | |
| 7 | Support for attending | X None | | | |
| ' | meetings and/or travel | | | | |
| | meetings and/or traver | | | | |
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| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | XNone | | | |
| | Safety Monitoring Board or | | | | |
| _ | Advisory Board | | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy | X_None | | | |
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| | group, paid or unpaid | | | | |
| 11 | | X None | | | |
| 11 | Stock or stock options | | | | |
| | | | | | |
| 12 | Receipt of equipment, | X_None | | | |
| 12 | materials, drugs, medical | X_NOTIC | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | X None | | | |
| 13 | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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| Date: | Jan. 4 th | , 2023 | | | | | |
|---|--|---|--|--|--|--|--|
| Your N | lame: | Tomoki Inaba | | | | | |
| Manus | script Title | Lesion size, elevated morphology, and non or closed-type atrophy are predictive factors for | | | | | |
| gastric adenocarcinoma of the fundic gland type rather than oxyntic gland adenoma | | | | | | | |
| Manus | Manuscript number (if known): <u>JGO-22-870-CL</u> | | | | | | |

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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 | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | | | |
|----------|---|---------|--|--|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
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| 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 | | | | |
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| | | | | | |
| | group, paid or unpaid | | | | |
| 11 | | X None | | | |
| 11 | Stock or stock options | | | | |
| | | | | | |
| 12 | Receipt of equipment, | X_None | | | |
| 12 | materials, drugs, medical | X_NOTIC | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | X None | | | |
| 13 | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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| | lone. | | | | |

| Date: | Jan. 4 th , | 2023 | | | | |
|---|------------------------|------------------|--|--|--|--|
| Your Nam | ne: | Tatsuya Toyokawa | | | | |
| Manuscri | pt Title: | Lesion size, | elevated morphology, and non or closed-type atrophy are predictive factors for | | | |
| gastric adenocarcinoma of the fundic gland type rather than oxyntic gland adenoma | | | | | | |
| Manuscript number (if known): <u>JGO-22-870-CL</u> | | | | | | |

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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 | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | | | |
|----------|---|---------|--|--|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
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| 6 | Payment for expert | XNone | | | |
| | testimony | | | | |
| 7 | Support for attending | X None | | | |
| ' | meetings and/or travel | | | | |
| | meetings and/or traver | | | | |
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| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | XNone | | | |
| | Safety Monitoring Board or | | | | |
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| | group, paid or unpaid | | | | |
| 11 | | X None | | | |
| 11 | Stock or stock options | | | | |
| | | | | | |
| 12 | Receipt of equipment, | X_None | | | |
| 12 | materials, drugs, medical | X_NOTIC | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | X None | | | |
| 13 | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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| | lone. | | | | |

| Date: | Jan. 4 th , | 2023 | | |
|-----------------|------------------------|-----------|------------------|--|
| Your Nam | ne: | Chihiro | Sakaguchi | |
| Manuscrij | pt Title: | | Lesion size, | elevated morphology, and non or closed-type atrophy are predictive factors for |
| gastric ad | enocarci | inoma c | of the fundic | gland type rather than oxyntic gland adenoma |
| Manuscrij | pt numb | er (if kn | own): <u>JGC</u> | <u>-22-870-CL</u> |

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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| | | 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 initial | 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. | _X_None | |
| | | 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 | | | | |
| 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 | | | | |
| | group, paid or unpaid | | | | |
| 11 | | X None | | | |
| 11 | Stock or stock options | | | | |
| | | | | | |
| 12 | Receipt of equipment, | X_None | | | |
| 12 | materials, drugs, medical | X_NOTIC | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | X None | | | |
| 13 | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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| | lone. | | | | |

| Date: _ | Jan. 4 th | , 2023 | | |
|---|----------------------|---|--|--|
| Your N | lame: | Shouichi Tanaka | | |
| Manus | cript Title: | Lesion size, elevated morphology, and non or closed-type atrophy are predictive factors for | | |
| gastric adenocarcinoma of the fundic gland type rather than oxyntic gland adenoma | | | | |
| Manus | script num | per (if known): <u>JGO-22-870-CL</u> | | |

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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 | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | | | |
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| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | | | | |
| 6 | Payment for expert | XNone | | | |
| | testimony | | | | |
| 7 | Support for attending | X None | | | |
| ' | meetings and/or travel | | | | |
| | meetings and/or traver | | | | |
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| 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 | | X None | | | |
| 11 | Stock or stock options | | | | |
| | | | | | |
| 12 | Receipt of equipment, | X_None | | | |
| 12 | materials, drugs, medical | X_NOTIC | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | X None | | | |
| 13 | financial interests | | | | |
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| Date: _ | Jan. 4 th | , 2023 |
|---------|----------------------|---|
| Your N | ame: | Takehiro Tanaka |
| Manus | cript Title: | Lesion size, elevated morphology, and non or closed-type atrophy are predictive factors for |
| gastric | adenocar | cinoma of the fundic gland type rather than oxyntic gland adenoma |
| Manus | cript num | ber (if known): <u>JGO-22-870-CL</u> |

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| | group, paid or unpaid | | | | |
| 11 | | X None | | | |
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| 12 | materials, drugs, medical | X_NOTIC | | | |
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| | services | | | | |
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| Date:J | Jan. 4 th , | 2023 |
|-------------|------------------------|--|
| Your Name | e: | Hiroyuki Okada |
| Manuscrip | t Title: | Lesion size, elevated morphology, and non or closed-type atrophy are predictive factors fo |
| gastric ade | enocarci | inoma of the fundic gland type rather than oxyntic gland adenoma |
| Manuscrip | t numb | er (if known): <u>JGO-22-870-CL</u> |

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| | services | | | | |
| 13 | Other financial or non- | X None | | | |
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