ICMJE DISCLOSURE FORM

Date: March 7 th , 2023			
Your Name: Ph	ongsaran Kimawaha		
Manuscript Title: _	The novel epithelial-mesenchymal transition-related proteins and their therapeutic targets in		
cholangiocarcinom	a: a narrative review		
Manuscript number (if known): <u>JGO-22-1126-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.

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

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)
		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	

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

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.

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Date: March 7 th , 2023			
Your Name: Ancha	lee Techasen		
Manuscript Title:	The novel epithelial-mesenchymal transition-related proteins and their therapeutic targets in		
cholangiocarcinoma: a	narrative review		
Manuscript number (if known): <u>JGO-22-1126-CL</u>			

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1	All support for the present	Time frame: Since the initial	planning of the work	
1	All support for the present manuscript (e.g., funding,	XNone		
	provision of study materials,			
	medical writing, article			
	processing charges, etc.) No time limit for this item.			
	Time frame: past 36 months			
2	Grants or contracts from	XNone		
	any entity (if not indicated			
_	in item #1 above).	V N		
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		
11	group, paid or unpaid	V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Please summarize the above conflict of interest in the following box:			
N	lone.		

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.