ICMJE DISCLOSURE FORM

| Date:Apr. 26th, 2023 | |
|--------------------------------------|---|
| Your Name:Yunlong Dai | |
| Manuscript Title:Is endoscopic resec | ction better than laparoscopic resection for gastric gastrointestinal stromal |
| tumors? | |
| Manuscript number (if known): | _JGO-23-137 |

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.

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 | |
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| 4 | Consulting fees | XNone | |
| | | | |
| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| | | V Name | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| 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 | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| 11 | Stock of Stock options | | |
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| 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 | | |
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| Ple | ease summarize the above o | onflict of interest in the fo | llowing box: |
| _ | | | |
| | None. | | |
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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:____Apr. 26th, 2023____

| Ma | ur Name:Qingbo Feng anuscript Title:Is endo mors? | scopic resection better that | an laparoscopic resection for gastric gastrointestinal strom | al |
|------------------------|--|--|--|----|
| | anuscript number (if known) |):JGO-23-137 | | |
| rel pa to rel | ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, | manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do | I 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. Ips/activities/interests as they relate to the current | |
| to me | the epidemiology of hypertoedication, even if that medic | ension, you should declare cation is not mentioned in pport for the work reporte | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other item | |
| | time name for disclosure i | p | | |
| | time name for disclosure i | Name all entities with whom you have this relationship or indicate none (add rows as | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
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| 11 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia XNone | (e.g., if payments were made to you or to your institution) I planning of the work | |
| | 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. Grants or contracts from any entity (if not indicated | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia XNone | (e.g., if payments were made to you or to your institution) I planning of the work | |

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| 5 | lectures, presentations, speakers bureaus, manuscript writing or | XNone | |
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| | | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | _ |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| , | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| _0 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 42 | | V N | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Ple | ease summarize the above o | onflict of interest in the fol | lowing box: |
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| | None. | | |
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ICMJE DISCLOSURE FORM

| Da | te:Apr. 26th, 2023 | | | |
|--|-------------------------------|------------------------------|---|----|
| Your Name:Jiwei Huang | | | | |
| Manuscript Title:Is endoscopic resection better than laparoscopic resection for gastric gastrointestinal stromal | | | | al |
| | mors? | • | | |
| Ma | nuscript number (if known) |):JGO-23-137 | | |
| | | | | |
| In | the interest of transparency | , we ask you to disclose al | I relationships/activities/interests listed below that are | |
| rel | ated to the content of your | manuscript. "Related" me | ans any relation with for-profit or not-for-profit third | |
| pa | rties whose interests may be | e affected by the content o | of the manuscript. Disclosure represents a commitment | |
| to | transparency and does not i | necessarily indicate a bias. | If you are in doubt about whether to list a | |
| rel | ationship/activity/interest, | it is preferable that you do | o so. | |
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| ma | nuscript only. | | | |
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| me | edication, even if that medic | ation is not mentioned in | the manuscript. | |
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| | | • • | ed in this manuscript without time limit. For all other items | s, |
| the | e time frame for disclosure i | s the past 36 months. | | |
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| | | Name all entities with | Specifications/Comments | |
| | | whom you have this | (e.g., if payments were made to you or to your | |
| | | relationship or indicate | institution) | |
| | | none (add rows as | montation, | |
| | | needed) | | |
| | | Time frame: Since the initia | l planning of the work | |
| 1 | All support for the present | X None | | |
| _ | manuscript (e.g., funding, | | | |
| | provision of study materials, | | | |
| | medical writing, article | | | |
| | processing charges, etc.) | | | |
| | No time limit for this item. | | | |
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| | | Time frame: past | t 36 months | |
| 2 | Grants or contracts from | X None | a so months | |
| _ | any entity (if not indicated | | | |
| | in item #1 above). | | | |
| 3 | Royalties or licenses | X None | | |
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| 4 | Consulting fees | X None | | |

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| | | | |
| 5 | lectures, presentations, speakers bureaus, manuscript writing or | XNone | |
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| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | XNone | _ |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| , | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| _0 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 42 | | V N | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
| Ple | ease summarize the above o | onflict of interest in the fol | lowing box: |
| _ | | | |
| | None. | | |
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