

ICMJE DISCLOSURE FORM

Date: May. 7th, 2024
 Your Name: Shangcheng Yan
 Manuscript Title: Survival Outcome and Prognostic Factors of Remnant Gastric Cancer: A Propensity Score-Matched Analysis
 Manuscript number (if known): JGO-24-58

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 current manuscript only.

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Time frame: past 36 months			
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Date: May. 7th, 2024
 Your Name: Qiankun Shao
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Date: May. 7th, 2024
 Your Name: Wei Peng
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Date: May. 7th, 2024
 Your Name: Ming Cheng
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Date: May. 7th, 2024
 Your Name: Tianhua Liu
 Manuscript Title: Survival Outcome and Prognostic Factors of Remnant Gastric Cancer: A Propensity Score-Matched Analysis
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Date: May. 7th, 2024
 Your Name: Mengchao Sheng
 Manuscript Title: Survival Outcome and Prognostic Factors of Remnant Gastric Cancer: A Propensity Score-Matched Analysis
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Date: May. 7th, 2024
 Your Name: Rui Ren
 Manuscript Title: Survival Outcome and Prognostic Factors of Remnant Gastric Cancer:
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Date: May. 7th, 2024
 Your Name: Qiang Chen
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Date: May. 7th, 2024
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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.