

ICMJE DISCLOSURE FORM

Date: April 5, 2024
 Your Name: Zhikang Liu
 Manuscript Title: Clinical characteristics, survival and prognostic nomogram for patients with esophageal mucinous adenocarcinoma: A SEER population-based analysis
 Manuscript number (if known): JGO-24-244

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)
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
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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.

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Date: April 5, 2024
 Your Name: Yuhang Yuan
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Date: April 5, 2024
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Date: April 5, 2024
 Your Name: MinJie Ma
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 Your Name: Biao Han
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