

## ICMJE DISCLOSURE FORM

Date: 2023/02/09

Your Name: Qi Shi

Manuscript Title: A novel pyroptosis-related model for prognostic prediction in esophageal squamous cell carcinoma

Manuscript number (if known): \_\_\_\_\_

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.

The author's relationships/activities/interests should be defined broadly. 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	__ Qi Shi __ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ Qi Shi __ None	
3	Royalties or licenses	__ Qi Shi __ None	
4	Consulting fees	__ Qi Shi __ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ Qi Shi ___ None	
6	Payment for expert testimony	___ Qi Shi ___ None	
7	Support for attending meetings and/or travel	___ Qi Shi ___ None	
8	Patents planned, issued or pending	___ Qi Shi ___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ Qi Shi ___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ Qi Shi ___ None	
11	Stock or stock options	___ Qi Shi ___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ Qi Shi ___ None	
13	Other financial or non-financial interests	___ Qi Shi ___ 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:**

**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: 2023/02/09

Your Name: Meichen Liu

Manuscript Title: A novel pyroptosis-related model for prognostic prediction in esophageal squamous cell carcinoma

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Meichen Liu</u> None	
3	Royalties or licenses	<u>Meichen Liu</u> None	
4	Consulting fees	<u>Meichen Liu</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ Meichen Liu ___ None	
6	Payment for expert testimony	___ Meichen Liu ___ None	
7	Support for attending meetings and/or travel	___ Meichen Liu ___ None	
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None
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## ICMJE DISCLOSURE FORM

Date: 2023/02/09  
 Your Name: Shuo Wang  
 Manuscript Title: A novel pyroptosis-related model for prognostic prediction in esophageal squamous cell carcinoma  
 Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>Shuo Wang</u> None	
4	Consulting fees	<u>Shuo Wang</u> None	

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## ICMJE DISCLOSURE FORM

Date: 2023/02/09

Your Name: Pengpeng Ding

Manuscript Title: A novel pyroptosis-related model for prognostic prediction in esophageal squamous cell carcinoma

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__ Pengpeng Ding __</u> None	
3	Royalties or licenses	<u>__ Pengpeng Ding __</u> None	
4	Consulting fees	<u>__ Pengpeng Ding __</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ Pengpeng Ding__ None	
6	Payment for expert testimony	___ Pengpeng Ding__ None	
7	Support for attending meetings and/or travel	___ Pengpeng Ding__ None	
8	Patents planned, issued or pending	___ Pengpeng Ding__ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ Pengpeng Ding__ None	
11	Stock or stock options	___ Pengpeng Ding__ None	
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## ICMJE DISCLOSURE FORM

Date: 2023/02/09

Your Name: Yuefu Wang

Manuscript Title: A novel pyroptosis-related model for prognostic prediction in esophageal squamous cell carcinoma

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	<u>Yuefu Wang</u> None	
4	Consulting fees	<u>Yuefu Wang</u> None	

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6	Payment for expert testimony	___ Yuefu Wang__ None	
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