

## ICMJE DISCLOSURE FORM

Date: July 3, 2023

Your Name: Ke Liu

Manuscript Title: A new prognostic model of esophageal squamous cell carcinoma based on Cloud- least squares support vector machine

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.

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

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6	Payment for expert testimony	___ None	
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13	Other financial or non-financial interests	___ None	

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Declare no conflict of interests.

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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: July 3, 2023

Your Name: Liu-Qing Shen

Manuscript Title: A new prognostic model of esophageal squamous cell carcinoma based on Cloud- least squares support vector machine

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

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## ICMJE DISCLOSURE FORM

Date: July 3, 2023

Your Name: Dian-Bao Zhang

Manuscript Title: A new prognostic model of esophageal squamous cell carcinoma based on Cloud- least squares support vector machine

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

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## ICMJE DISCLOSURE FORM

Date: July 3, 2023

Your Name: Yi-Xin Kang

Manuscript Title: A new prognostic model of esophageal squamous cell carcinoma based on Cloud- least squares support vector machine

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

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## ICMJE DISCLOSURE FORM

Date: July 3, 2023

Your Name: Yi-Xuan Wang

Manuscript Title: A new prognostic model of esophageal squamous cell carcinoma based on Cloud- least squares support vector machine

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

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## ICMJE DISCLOSURE FORM

Date: July 3, 2023

Your Name: Pan Chen

Manuscript Title: A new prognostic model of esophageal squamous cell carcinoma based on Cloud- least squares support vector machine

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

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## ICMJE DISCLOSURE FORM

Date: July 3, 2023

Your Name: Ran Zhang

Manuscript Title: A new prognostic model of esophageal squamous cell carcinoma based on Cloud- least squares support vector machine

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

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## ICMJE DISCLOSURE FORM

Date: July 3, 2023

Your Name: Bian-Li Gu

Manuscript Title: A new prognostic model of esophageal squamous cell carcinoma based on Cloud- least squares support vector machine

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

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## ICMJE DISCLOSURE FORM

Date: July 3, 2023

Your Name: Ye-Lin Jiao

Manuscript Title: A new prognostic model of esophageal squamous cell carcinoma based on Cloud- least squares support vector machine

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

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## ICMJE DISCLOSURE FORM

Date: July 3, 2023  
 Your Name: Xiang Yuan  
 Manuscript Title: A new prognostic model of esophageal squamous cell carcinoma based on Cloud- least squares support vector machine  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: July 3, 2023

Your Name: Yi-Jun Qi

Manuscript Title: A new prognostic model of esophageal squamous cell carcinoma based on Cloud- least squares support vector machine

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

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## ICMJE DISCLOSURE FORM

Date: July 3, 2023

Your Name: She-Gan Gao

Manuscript Title: A new prognostic model of esophageal squamous cell carcinoma based on Cloud- least squares support vector machine

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

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

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

Declare no conflict of interests.

**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.