Yα	ite: <u>July. 16th, 2021</u>						
	ur Name: <u>Jia Xu</u>						
M	Manuscript Title: Status of diagnosis and treatment of esophageal cancer and non-coding RNA correlation						
re	search: A narrative review						
M	anuscript number (if known)):TCR-21	L-687-R1				
		· ·	Il relationships/activities/interests listed below that are				
		-	eans 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				
re	lationship/activity/interest,	it is preferable that you d	0 \$0.				
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>				
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.				
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items	,			
		Name all entities with	Specifications/Comments				
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your				
		whom you have this relationship or indicate	·				
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your				
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)				
		whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)				
1	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)				
1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)				
1	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)				
1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)				
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)				
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)				
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)				
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the inition of the ini	(e.g., if payments were made to you or to your institution) al planning of the work				
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone	(e.g., if payments were made to you or to your institution) al planning of the work				
1	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	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the inition of the ini	(e.g., if payments were made to you or to your institution) al planning of the work				
1	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 in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone Time frame: pasXNone	(e.g., if payments were made to you or to your institution) al planning of the work				
1 2 2	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	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the inition of the ini	(e.g., if payments were made to you or to your institution) al planning of the work				

None

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Consulting fees

Payment or honoraria for

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

_ X __ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Da	te: <u>July. 16th, 2021</u>					
Yo	ur Name: <u>Hui-wen Pan</u>					
Manuscript Title: Status of diagnosis and treatment of esophageal cancer and non-coding RNA correlation						
res	search: A narrative review					
Ma	anuscript number (if known)	:TCR-21	l-687-R1			
In	the interest of transparency	, we ask you to disclose a	Il relationships/activities/interests listed below that are			
rel	ated to the content of your	manuscript. "Related" me	eans any relation with for-profit or not-for-profit third			
pa	rties whose interests may b	e affected by the content	of the manuscript. Disclosure represents a commitment			
	-	•	. If you are in doubt about whether to list a			
rel	ationship/activity/interest,	it is preferable that you d	o so.			
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current			
to	•	ension, you should declare	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.			
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all other items,			
		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				
		needed)	al planning of the years			
1	All account for the consequent	Time frame: Since the initia	ar planning of the work			
L	All support for the present manuscript (e.g., funding,	XNone				
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
	Grants or contracts from	Time frame: pas	t 36 months			
2	any entity (if not indicated	XNone				
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3	in item #1 above). Royalties or licenses	X None				

None

_None

X

Consulting fees

Payment or honoraria for

4

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

_ X __ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>July. 16th, 2021</u>							
Yo	ur Name: Xue-qi Wang						
Ma	Manuscript Title: Status of diagnosis and treatment of esophageal cancer and non-coding RNA correlation						
res	earch: A narrative review						
Ma	nuscript number (if known)): <u>TCR-21</u>	687-R1				
In t	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	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.				
The	e following questions apply	to the author's relationsh	ips/activities/interests as they relate to the current				
ma	nuscript only.		· · · · · · · · · · · · · · · · · · ·				
The	e author's relationships/act	ivities/interests should be	defined broadly. For example, if your manuscript pertain	ıS			
to	the epidemiology of hyperto	ension, you should declare	all relationships with manufacturers of antihypertensive	!			
me	dication, even if that medic	cation is not mentioned in	the manuscript.				
In i	tem #1 below, report all su	pport for the work reporte	ed in this manuscript without time limit. For all other iter	ns,			
the	time frame for disclosure i	s the past 36 months.					
		•					
		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					
		needed)					
		Time frame: Since the initia	il planning of the work				
1	All support for the present	XNone					
	manuscript (e.g., funding,						
	provision of study materials,						
	medical writing, article						
	processing charges, etc.) No time limit for this item.						
	No time innit for this item.						
		Time from our	t 26 months				
,	Grants or contracts from	Time frame: pas	t 56 months				
۷.	any entity (if not indicated	XNone					
	in item #1 above).						
2	Royalties or licenses	X None					
,	noyalties of ficelises						

None

_None

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Consulting fees

Payment or honoraria for

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

_ X __ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Da	te: <u>July. 16th, 2021</u>			
Yo	ur Name: <u>Ke-ping Chen</u>			
Ma	anuscript Title: <u>Status</u>	of diagnosis and treatmer	nt of esophageal cancer and non-coding RNA correlation	
res	search: A narrative review		_	
Ma	anuscript number (if known)	: <u>TCR-21</u>	-687-R1	
		· ·	l 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	
	· ·	<u>-</u>	If you are in doubt about whether to list a	
rel	ationship/activity/interest,	it is preferable that you do	o so.	
	e following questions apply anuscript only.	to the author's relationshi	ips/activities/interests as they relate to the <u>current</u>	
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items	s,
		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		
		needed)		
		Time frame: Since the initia	l planning of the work	
1	All support for the present	XNone		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article processing charges, etc.)			
	No time limit for this item.			
	The time limit for this term			
		Time frame: past	t 36 months	
)	Grants or contracts from	X None		
_	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	XNone		

None

_None

X

Consulting fees

Payment or honoraria for

4

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

__ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.