

ICMJE DISCLOSURE FORM

Date: 2023.2.7
 Your Name: Bingbing Gu
 Manuscript Title: Using gene expression data and microRNA target genes to construct a prognostic model of esophageal cancer
 Manuscript number (if known): TCR-22-2588

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

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ICMJE DISCLOSURE FORM

Date: 2023.2.7
 Your Name: Shuai Zhang
 Manuscript Title: Using gene expression data and microRNA target genes to construct a prognostic model of esophageal cancer
 Manuscript number (if known): TCR-22-2588

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Date: 2023.2.7

Your Name: Zhe Fan

Manuscript Title: Using gene expression data and microRNA target genes to construct a prognostic model of esophageal cancer

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Your Name: Jiajing Che

Manuscript Title: Using gene expression data and microRNA target genes to construct a prognostic model of esophageal cancer

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Your Name: Shuting Li

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Date: 2023.2.7

Your Name: Yunfei Li

Manuscript Title: Using gene expression data and microRNA target genes to construct a prognostic model of esophageal cancer

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Date: 2023.2.7

Your Name: Cheng Wang

Manuscript Title: Using gene expression data and microRNA target genes to construct a prognostic model of esophageal cancer

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Your Name: Tao Zhang

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" 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:

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