

ICMJE DISCLOSURE FORM

Date: 29/04/2023

Your Name: Hailong Chen

Manuscript Title: A postoperative tumor-specific death prediction model for patients with endometrial cancer-a retrospective study

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.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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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.

ICMJE DISCLOSURE FORM

Date: 29/04/2023

Your Name: Weiwei Yan

Manuscript Title: A postoperative tumor-specific death prediction model for patients with endometrial cancer-a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 29/04/2023

Your Name: Dechang Xu

Manuscript Title: A postoperative tumor-specific death prediction model for patients with endometrial cancer-a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 29/04/2023

Your Name: Qi Wang

Manuscript Title: A postoperative tumor-specific death prediction model for patients with endometrial cancer-a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 29/04/2023

Your Name: Ying Yu

Manuscript Title: A postoperative tumor-specific death prediction model for patients with endometrial cancer-a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 29/04/2023

Your Name: Jing Huang

Manuscript Title: A postoperative tumor-specific death prediction model for patients with endometrial cancer-a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 29/04/2023

Your Name: Qian Zhou

Manuscript Title: A postoperative tumor-specific death prediction model for patients with endometrial cancer-a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 29/04/2023

Your Name: Wei Xiao

Manuscript Title: A postoperative tumor-specific death prediction model for patients with endometrial cancer-a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: May 2, 2023

Your Name: David Lukanović

Manuscript Title: A postoperative tumor-specific death prediction model for patients with endometrial cancer-a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 29/04/2023

Your Name: Fabio Barra

Manuscript Title: A postoperative tumor-specific death prediction model for patients with endometrial cancer-a retrospective study

Manuscript number (if known): _____

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Date: 29/04/2023

Your Name: Alberto Izzotti

Manuscript Title: A postoperative tumor-specific death prediction model for patients with endometrial cancer-a retrospective study

Manuscript number (if known): _____

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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	
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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.

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Date: 29/04/2023

Your Name: Feizhou Jiang

Manuscript Title: A postoperative tumor-specific death prediction model for patients with endometrial cancer-a retrospective study

Manuscript number (if known): _____

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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