Date: Dec. 1	8 th , 2023	
Your Name:	Yichen Yin	
Manuscript Title	e: Identification of autophagy-related Prognostic Signature and analysis of Immui	<u>1e</u>
Infiltrates in gas	tric cancer	
Manuscrint num	pher (if known): TCR-23-1755-CI	

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 <u>current manuscript only</u>.

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		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)
		Time frame: Since the initia	l planning of the work
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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Dec. 18th, 2023</u>	
Your Name: <u>Baozhen Wang</u>	
Manuscript Title: Identification of a	utophagy-related Prognostic Signature and analysis of Immune
Infiltrates in gastric cancer	
Manuscript number (if known)	TCP_22_1755_CI

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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Dec. 18th, 2023</u>	
Your Name: Mingzhe Yang	
Manuscript Title: Identification of au	tophagy-related Prognostic Signature and analysis of Immune
Infiltrates in gastric cancer	
Manuscript number (if known):	TCR-23-1755-CL

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13	Other financial or non-	XNone	
	financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Dec. 18th, 2023</u>	
Your Name: <u>Jing Chen</u>	
Manuscript Title: Identification of au	tophagy-related Prognostic Signature and analysis of Immune
Infiltrates in gastric cancer	
Manuscript number (if known)	TCR-23-1755-CI

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group, paid or unpaid 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- X_None				
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writing, gifts or other services 13 Other financial or nonX_None				
services 13 Other financial or non- XNone		_		
financial interests	13	Other financial or non-	XNone	
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None.			

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Date: <u>Dec</u>	. 18 th , 2023		
Your Name: _	Tao Li		
Manuscript Ti	tle: <u>Identification of aut</u>	ophagy-related Prognostic S	Signature and analysis of Immune
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3	Royalties or licenses	XNone	
4	Consulting fees	X None	

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financial interests	13	Other financial or non-	XNone	
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