ICMJE DISCLOSURE FORM

Date: __09/29/2021__

Your Name: __Kui Cao__

Manuscript Title: Development of immune gene pair-based signature predictive of prognosis and immunotherapy in esophageal cancer

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| Item | 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) |
|------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _x_ None |
| Time frame: Since the initial planning of the work | **2** | Grants or contracts from any entity (if not indicated in item #1 above). | _x_ None |
| **3** | Royalties or licenses | _x_ None |
| **4** | Consulting fees | _x_ None |
| Time frame: past 36 months |
|   |                                                                 | _x_ None |
|---|----------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _x_ None |
| 6 | Payment for expert testimony                                   | _x_ None |
| 7 | Support for attending meetings and/or travel                    | _x_ None |
| 8 | Patents planned, issued or pending                              | _x_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _x_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x_ None |
| 11 | Stock or stock options                                         | _x_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _x_ None |
| 13 | Other financial or non-financial interests                      | _x_ None |

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

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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.
ICMJE DISCLOSURE FORM

Date: ___09/29/2021___
Your Name: Tianjiao Ma

Manuscript Title: Development of immune gene pair-based signature predictive of prognosis and immunotherapy in esophageal cancer

Manuscript number (if known): ____________________________

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|   | No time limit for this item.                                                                     |                                                                                  |
|   |                                                                                                 |                                                                                  |
|   |                                                                                                 |                                                                                  |
|   |                                                                                                 |                                                                                  |

|   |                                                                                                 | Time frame: past 36 months                                                      |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | _x_ None                                                                          |
|   |                                                                                                 |                                                                                  |
| 3 | Royalties or licenses                                                                            | _x_ None                                                                          |
|   |                                                                                                 |                                                                                  |
| 4 | Consulting fees                                                                                 | _x_ None                                                                          |
|   |                                                                                                 |                                                                                  |
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _x_ None |
| 6 | Payment for expert testimony                                   | _x_ None |
| 7 | Support for attending meetings and/or travel                    | _x_ None |
| 8 | Patents planned, issued or pending                              | _x_ None |
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|11 | Stock or stock options                                          | _x_ None |
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ICMJE DISCLOSURE FORM

Date: __09/29/2021__
Your Name: __Xiadong Ling__

Manuscript Title: Development of immune gene pair-based signature predictive of prognosis and immunotherapy in esophageal cancer

Manuscript number (if known): ____________________________________________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _x_ None |
| 3 | Royalties or licenses | _x_ None |
| 4 | Consulting fees | _x_ None |
|   |   |   |
|---|---|---|
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _x_ None |
| **6** | Payment for expert testimony | _x_ None |
| **7** | Support for attending meetings and/or travel | _x_ None |
| **8** | Patents planned, issued or pending | _x_ None |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | _x_ None |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x_ None |
| **11** | Stock or stock options | _x_ None |
| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _x_ None |
| **13** | Other financial or non-financial interests | _x_ None |

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ICMJE DISCLOSURE FORM

Date: ___09/29/2021___
Your Name: ___Mingdong Liu___

Manuscript Title: Development of immune gene pair-based signature predictive of prognosis and immunotherapy in esophageal cancer

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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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _x__None |
|   | **No time limit for this item.** |                                                                                 |
|   | Time frame: past 36 months |                                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _x__None |
| 3 | Royalties or licenses | _x__None |
| 4 | Consulting fees | _x__None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |   |
|---|-------------------------------------------------------------------------------------------------------------|---|
| 5 | _x_ None                                                                                                     |   |

|   | Payment for expert testimony                                                                 |   |
|---|--------------------------------------------------------------------------------------------------------|---|
| 6 | _x_ None                                                                                                 |   |

|   | Support for attending meetings and/or travel                                                             |   |
|---|--------------------------------------------------------------------------------------------------------|---|
| 7 | _x_ None                                                                                                 |   |

|   | Patents planned, issued or pending                                                                       |   |
|---|--------------------------------------------------------------------------------------------------------|---|
| 8 | _x_ None                                                                                                 |   |

|   | Participation on a Data Safety Monitoring Board or Advisory Board                                        |   |
|---|--------------------------------------------------------------------------------------------------------|---|
| 9 | _x_ None                                                                                                 |   |

|   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid       |   |
|---|--------------------------------------------------------------------------------------------------------|---|
| 10| _x_ None                                                                                                 |   |

|   | Stock or stock options                                                                                   |   |
|---|--------------------------------------------------------------------------------------------------------|---|
| 11| _x_ None                                                                                                 |   |

|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services                         |   |
|---|--------------------------------------------------------------------------------------------------------|---|
| 12| _x_ None                                                                                                 |   |

|   | Other financial or non-financial interests                                                              |   |
|---|--------------------------------------------------------------------------------------------------------|---|
| 13| _x_ None                                                                                                 |   |

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Date: 09/29/2021
Your Name: Xiangyu Jiang

Manuscript Title: Development of immune gene pair-based signature predictive of prognosis and immunotherapy in esophageal cancer

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|   | **Time frame: Since the initial planning of the work** | **Time frame: past 36 months** |
|   |                                      | __  None |
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| 6 | Payment for expert testimony | __x__None |
| 7 | Support for attending meetings and/or travel | __x__None |
| 8 | Patents planned, issued or pending | __x__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __x__None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __x__None |
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Date: ___09/29/2021___
Your Name: __Keru Ma__

Manuscript Title: __Development of immune gene pair-based signature predictive of prognosis and immunotherapy in esophageal cancer__
Manuscript number (if known): _______________________________________________________________________

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| 3 | Royalties or licenses                                                                    | _x_ None                                                                         |
| 4 | Consulting fees                                                                        | _x_ None                                                                         |
|   | Information Provided                                                                 | X | None |
|---|--------------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                         | X | None |
| 7 | Support for attending meetings and/or travel                                         | X | None |
| 8 | Patents planned, issued or pending                                                   | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                    | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                               | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services      | X | None |
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ICMJE DISCLOSURE FORM

Date: __ 09/29/2021 __
Your Name: __ Jinhong Zhu __
Manuscript Title: __ Development of immune gene pair-based signature predictive of prognosis and immunotherapy in esophageal cancer __
Manuscript number (if known): __________________________________________________________________________

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Time frame: Since the initial planning of the work

Time frame: past 36 months
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ICMJE DISCLOSURE FORM

Date: 09/29/2021
Your Name: Jianqun Ma

Manuscript Title: Development of immune gene pair-based signature predictive of prognosis and immunotherapy in esophageal cancer

Manuscript number (if known):

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|   |                                                                                                 |                                                                                  |
| 3 | Royalties or licenses                                                                             | _x_ None                                                                            |
|   |                                                                                                 |                                                                                  |
| 4 | Consulting fees                                                                                  | _x_ None                                                                            |
|   |                                                                                                 |                                                                                  |

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