ICMJE DISCLOSURE FORM

Date: _______________2022/2/28__________________________________________
Your Name: __________Fei Cao___________________________________________
Manuscript Title: ___ Current treatments and outlook in adenocarcinoma of the esophagogastric junction: a narrative review____
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.

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

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:

_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:____________________ 2022/2/28 __________________________________________
Your Name:___________ Can Hu ___________________________________________
Manuscript Title:____ Current treatments and outlook in adenocarcinoma of the esophagogastric junction: a narrative review____
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 | |
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|---|-------------------------------------------------------------------------------------------------|----------|
| 6 | Payment for expert testimony | __X__None |
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| 8 | Patents planned, issued or pending | __X__None |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None |
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ICMJE DISCLOSURE FORM

Date: __________ 2022/2/28
Your Name: __________ Zhi-Yuan Xu
Manuscript Title: ____ Current treatments and outlook in adenocarcinoma of the esophagogastric junction: a narrative review____
Manuscript number (if known): __________________________

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| 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 |
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ICMJE DISCLOSURE FORM

Date: ________________ 2022/2/28

Your Name: ___________ Yan-Qiang Zhang ________________________________________________________________________________

Manuscript Title: ____ Current treatments and outlook in adenocarcinoma of the esophagogastric junction: a narrative review____

Manuscript number (if known): __________________________________________________________________________________________

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| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Description                                                                                      | 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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| 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:______________2022/2/28__________________________________________
Your Name:___________Ling Huang_________________________________________
Manuscript Title:____Current treatments and outlook in adenocarcinoma of the esophagogastric junction: a narrative review____
Manuscript number (if known):______________________________________________

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

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|---|---|---|
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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 |
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| 4 | Consulting fees | _X_ None |
|   | Conflict of Interest | Answer |
|---|----------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
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Date:______________2022/2/28________________________________________

Your Name:___________ Jia-Hui Chen ____________________________________________

Manuscript Title:____ Current treatments and outlook in adenocarcinoma of the esophagogastric junction: a narrative review____

Manuscript number (if known):__________________________________________________

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| 3 | Royalties or licenses                                                                         | _X_ None                                                                          |
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|   |                                                                                               |                                                                                 |
| 4 | Consulting fees                                                                              | _X_ None                                                                          |
|   |                                                                                               |                                                                                 |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
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| 6 | Payment for expert testimony                                                 | X | None |
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| 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: ______________2022/2/28_________________________________________

Your Name: ____________ Jiang-Jiang Qin ______________________________________

Manuscript Title: ____ Current treatments and outlook in adenocarcinoma of the esophagogastric junction: a narrative review_____

Manuscript number (if known): __________________________________________________________________________

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

Time frame: past 36 months
|   | Please summarize the above conflict of interest in the following box: |
|---|---------------------------------------------------------------------|
|   | None                                                                |

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Date:______________2022/2/28______________________________________________

Your Name:___________ Xiang-Dong Cheng ______________________________________

Manuscript Title:____ Current treatments and outlook in adenocarcinoma of the esophagogastric junction: a narrative review____

Manuscript number (if known):______________________________________

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| 3 | Royalties or licenses | ___X__None |
| 4 | Consulting fees | ___X__None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Conflict of Interest                                                                 | Response |
|---|------------------------------------------------------------------------------------|----------|
| 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   |
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