ICMJE DISCLOSURE FORM

Date: 2022/7/16
Your Name: Yinnuo Zhang
Manuscript Title: Defects of endoscopic biopsy in the diagnosis of periampullary carcinoma and recommendations for diagnosis and treatment: a retrospective study before and after surgery
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.) |  | 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                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,        | _X_ None                        |
|   | manuscript writing or educational events                                    |   |
| 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  | _X_ None                        |
|   | group, paid or unpaid                                                        |   |
|11 | Stock or stock options                                                       | _X_ None                        |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other     | _X_ None                        |
|   | services                                                                     |   |
|13 | Other financial or non-financial interests                                   | _X_ 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:

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Date: 2022/7/16
Your Name: Zhiqing Duan
Manuscript Title: Defects of endoscopic biopsy in the diagnosis of periampullary carcinoma and recommendations for diagnosis and treatment: a retrospective study before and after surgery
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 |

Time frame: Since the initial planning of the work

Time frame: past 36 months
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Date: 2022/7/16
Your Name: Xiaoyu Yu
Manuscript Title: Defects of endoscopic biopsy in the diagnosis of periampullary carcinoma and recommendations for diagnosis and treatment: a retrospective study before and after surgery
Manuscript number (if known): ____________________________________________________________________________

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

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Date: 2022/7/16
Your Name: Yuzhu Zhang
Manuscript Title: Defects of endoscopic biopsy in the diagnosis of periampullary carcinoma and recommendations for diagnosis and treatment: a retrospective study before and after surgery
Manuscript number (if known): _______________________________________________________________________

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|   | **No time limit for this item.**                                                                      |                                                                                   |
|   | **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**                                                                     |                                                                                   |
|   | Conflict of Interest                                                                 |   |
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| 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 |
| 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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Date: 2022/7/16
Your Name: Jing Liu
Manuscript Title: Defects of endoscopic biopsy in the diagnosis of periampullary carcinoma and recommendations for diagnosis and treatment: a retrospective study before and after surgery
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                                                                       |
|   | Description                                                                 | X | None |
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| 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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Date: 2022/7/16
Your Name: Shousheng Liao
Manuscript Title: Defects of endoscopic biopsy in the diagnosis of periampullary carcinoma and recommendations for diagnosis and treatment: a retrospective study before and after surgery
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| 3 | Royalties or licenses                                                                   | _X_ None                                                                         |
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Date: 2022/7/16
Your Name: Bo Liang
Manuscript Title: Defects of endoscopic biopsy in the diagnosis of periampullary carcinoma and recommendations for diagnosis and treatment: a retrospective study before and after surgery
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| 3 | Royalties or licenses | **X** None |
| 4 | Consulting fees | **X** None |
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations,              | _X_ None |
|   | speakers bureaus, manuscript writing or educational events     |   |
| 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    | _X_ None |
|   | Board or Advisory Board                                        |   |
| 10| Leadership or fiduciary role in other board, society,           | _X_ None |
|   | committee or advocacy group, paid or unpaid                     |   |
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