ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Manwoo

2. Surname (Last Name)  
Lee

3. Date  
25-April-2021

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Han Ho Jeon

5. Manuscript Title  
Associated risk factors for surveillance loss after endoscopic submucosal dissection in patients with gastric neoplasm

6. Manuscript Identifying Number (if you know it)  
ATM-21-891-R1

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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|--------|
| Kyungchul                | Kim                    | 25-April-2021 |

4. Are you the corresponding author? | Yes | No | ✔

5. Manuscript Title

   Associated risk factors for surveillance loss after endoscopic submucosal dissection in patients with gastric neoplasm

6. Manuscript Identifying Number (if you know it)

   ATM-21-891-R1

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Yong Kang

2. Surname (Last Name)  
   Lee

3. Date  
   25-April-2021

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Han Ho Jeon

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1. Given Name (First Name)  
   Byung Kyu

2. Surname (Last Name)  
   Park

3. Date  
   25-April-2021

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   ☑ No

   Corresponding Author’s Name  
   Han Ho Jeon

5. Manuscript Title  
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2. Surname (Last Name) Lee
3. Date 25-April-2021
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   Corresponding Author’s Name Han Ho Jeon

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**Grant:** A grant from an entity, generally (but not always) paid to your organization

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**Royalties:** Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  Han Ho
2. Surname (Last Name)  Jeon
3. Date  25-April-2021
4. Are you the corresponding author?  ☑ Yes  ☐ No

5. Manuscript Title
Associated risk factors for surveillance loss after endoscopic submucosal dissection in patients with gastric neoplasm

6. Manuscript Identifying Number (if you know it)
ATM-21-891-R1

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Jeon has nothing to disclose.

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