ICMJE DISCLOSURE FORM

Date:____Nov. 25\textsuperscript{th}, 2021____  
Your Name:___Donglei Zhang___  
Manuscript Title:_____ Development of a novel miR-3648-related gene signature as a prognostic biomarker in esophageal adenocarcinoma_____  
Manuscript number (if known):__________ ATM-21-6237____________________________________

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.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.)  
No time limit for this item. | _X__None                                                                         |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  
(Time frame: past 36 months) | _X__None                                                                         |
| 3 | Royalties or licenses  
(Time frame: past 36 months) | _X__None                                                                         |
| 4 | Consulting fees  
(Time frame: past 36 months) | _X__None                                                                         |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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:

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: _____ Nov. 25th, 2021 _____
Your Name: ___ Hang Yin ___
Manuscript Title: _____ Development of a novel miR-3648-related gene signature as a prognostic biomarker in esophageal adenocarcinoma _____
Manuscript number (if known): __________ ATM-21-6237 __________________________

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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:____ Nov. 25th, 2021____
Your Name:___ Thomas L. Bauer ___
Manuscript Title:_____ Development of a novel miR-3648-related gene signature as a prognostic biomarker in esophageal adenocarcinoma____
Manuscript number (if known): __________ ATM-21-6237 ______________________________________

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|   |                                                                                                 |                                                                                   |
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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                                                                             |
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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 |
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| 11 | Stock or stock options | _X_ None |
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| 13 | Other financial or non-financial interests | _X_ None |

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ICMJE DISCLOSURE FORM

Date: _____ Nov. 25th, 2021 _____
Your Name: ___ Michael P. Rogers ___
Manuscript Title: _____ Development of a novel miR-3648-related gene signature as a prognostic biomarker in esophageal adenocarcinoma _____
Manuscript number (if known): __________ ATM-21-6237 __________________________

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|   |                                                                                             |                                                                                   |
| **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 | 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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ICMJ DISCLOSURE FORM

Date: _____ Nov. 25th, 2021 _____
Your Name: __ Jeffrey B. Velotta __
Manuscript Title: ____ Development of a novel miR-3648-related gene signature as a prognostic biomarker in esophageal adenocarcinoma ____
Manuscript number (if known): __________ ATM-21-6237 ____________________________

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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 |
|---|-----------------------------------------------------------------------------|----|------|
| 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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Date:_____Nov. 25th, 2021____
Your Name:___ Clinton T. Morgan ___
Manuscript Title:_____ Development of a novel miR-3648-related gene signature as a prognostic biomarker in esophageal adenocarcinoma____
Manuscript number (if known):__________ ATM-21-6237___________________________________

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| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
|   | Question                                                                 | 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: _____ Nov. 25\textsuperscript{th}, 2021 _____
Your Name: ___ Weijia Du ___
Manuscript Title: _____ Development of a novel miR-3648-related gene signature as a prognostic biomarker in esophageal adenocarcinoma _____
Manuscript number (if known): __________ ATM-21-6237 ________________________________

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| 3 | Royalties or licenses | __X__None |
| 4 | Consulting fees | __X__None |
|   | Conflict of Interest Category                                                                 |   |
|---|----------------------------------------------------------------------------------------------|---|
| 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 |
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| 13| Other financial or non-financial interests                                                    | X None |

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ICMJE DISCLOSURE FORM

Date:____Nov. 25th, 2021____
Your Name:___Ping Xu___
Manuscript Title:____ Development of a novel miR-3648-related gene signature as a prognostic biomarker in esophageal adenocarcinoma____
Manuscript number (if known):__________ ATM-21-6237

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| 4 | Consulting fees | __X__None |
|   | Description                                                                 | Answer |
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| 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 |
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| 10| Leadership or fiduciary role in other board, society, committee or         | _X_ None |
|   | advocacy group, paid or unpaid                                               |        |
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| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | _X_ None |
|   | services                                                                     |        |
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ICMJE DISCLOSURE FORM

Date:____Nov. 25th, 2021____
Your Name:___ Xiaozhe Qian ___
Manuscript Title:____ Development of a novel miR-3648-related gene signature as a prognostic biomarker in esophageal adenocarcinoma____
Manuscript number (if known):__________ ATM-21-6237 __________________________________________

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