ICMJE DISCLOSURE FORM

Date: __12/03/2021______________________________

Your Name: ___Pingwu Wen__________________________

Manuscript Title: ___ Screening and verification of potential gene targets in esophageal carcinoma by bioinformatics analysis and immunohistochemistry

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.

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) |
|---|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 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.**                                                                 | |
| 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
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 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.
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Date: 26 November 26, 2021

Your Name: Farshid Dayyani

Manuscript Title: Screening and verification of potential gene targets in esophageal carcinoma by bioinformatics analysis and immunohistochemistry

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.                                                               |                                                                                     |
|   |                                                                                           |                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                   | None                                                                                 |
|   |                                                                                           | Astrazeneca, BMS, Merck, Taiho                                                      |
|   |                                                                                           | Research funding to the institution                                                |
| 3 | Royalties or licenses                                                                      | _x_ None                                                                             |
| 4 | Consulting fees                                                                           | None                                                                                 |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Astrazeneca | Advisory board |
|---|-------------|----------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

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

The author reports research funding to the institution from Astrazeneca, BMS, Merck, Taiho and consulting fees from Astrazeneca.

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.
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Date: ___11/29/2021________________________________________________________

Your Name: ____Randa Tao____________________________________________________

Manuscript Title: ___Screening and verification of potential gene targets in esophageal carcinoma by bioinformatics analysis and immunohistochemistry

Manuscript number (if known): _ATM-21-6589____________________________________

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                                                                         |
|    | **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                                                                               | Helsinn, QED Therapeutics and The Lynx Group                                       |
|    | I have received consulting fees for participating on cholangiocarcinoma advisory boards, outside this submitted work |                                                                                   |
| 5  | Payment or honoraria for lectures, presentations,                                             | _x__None                                                                         |
|    | **Time frame: past 36 months**                                                                |                                                                                   |
| 6 | Payment for expert testimony | _x_ None |
|---|-------------------------------|---------|
| 7 | Support for attending meetings and/or travel | Helsinn, QED Therapeutics and The Lynx Group | My travel costs to the cholangiocarcinoma advisory boards and the Cholangiocarcinoma Summit have been covered by Helsinn, QED Therapeutics, and The Lynx Group all outside this submitted work |
| 8 | Patents planned, issued or pending | _x_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ____None | I serve on Huntsman Cancer Institute’s Data Safety Monitoring board that oversees institutional investigator initiated trials |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ____None | I am a co-chair of the International Cholangiocarcinoma Research Network’s Radiation Oncology Working Group and on the NCCN Hodgkin Lymphoma panel |
| 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:

Randa Tao reports receiving consulting fees for participating on cholangiocarcinoma advisory boards from Helsinn, QED Therapeutics and The Lynx Group outside this work; she serves on Huntsman Cancer Institute’s Data Safety Monitoring board that oversees institutional investigator initiated trials; she serves as a co-chair of the International Cholangiocarcinoma Research Network’s Radiation Oncology Working Group and on the NCCN Hodgkin Lymphoma panel; and her travel costs to the cholangiocarcinoma advisory boards and the Cholangiocarcinoma Summit have been covered by Helsinn, QED Therapeutics, and The Lynx Group all outside this work.

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: 12/03/2021

Your Name: Xiongping Zhong

Manuscript Title: Screening and verification of potential gene targets in esophageal carcinoma by bioinformatics analysis and immunohistochemistry

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|   | **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                                                                         |
|   | Financial 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 |
| 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.