ICMJE DISCLOSURE FORM

Date: ______ September 24, 2021__
Your Name: Aling Wang
Manuscript Title: Artificial intelligence-assisted detection and classification of colorectal polyps under colonoscopy: a systematic review and meta-analysis
Manuscript number (if known):

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|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|   | **Time frame: Since the initial planning of the work**                                        |                                                                                   |
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| 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 |

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Date: September 24, 2021
Your Name: Jiahao Mo

Manuscript Title: Artificial intelligence–assisted detection and classification of colorectal polyps under colonscopy: a systematic review and meta-analysis
Manuscript number (if known):

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|      | No time limit for this item.                                                                   | None                                                                              |
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Date: ______ September 24, 2021____

Your Name: Cailing Zhong

Manuscript Title: Artificial intelligence-assisted detection and classification of colorectal polyps under colonoscopy: a systematic review and meta-analysis

Manuscript number (if known):

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Date: September 24, 2021
Your Name: Shaohua Wu
Manuscript Title: Artificial intelligence-assisted detection and classification of colorectal polyps under colonoscopy: a systematic review and meta-analysis
Manuscript number (if known):

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Date: September 24, 2021

Your Name: Sufen Wei

Manuscript Title: Artificial intelligence-assisted detection and classification of colorectal polyps under colonoscopy: a systematic review and meta-analysis

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Date: September 24, 2021

Your Name: Bing Qi Tu

Manuscript Title: Artificial intelligence-assisted detection and classification of colorectal polyps under colonoscopy: a systematic review and meta-analysis

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Date: ______ September 24, 2021 ______
Your Name: Chang Liu
Manuscript Title: Artificial intelligence-assisted detection and classification of colorectal polyps under colonoscopy: a systematic review and meta-analysis
Manuscript number (if known):

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Date: __September 24, 2021__
Your Name: __Daman Chen__

Manuscript Title: __Artificial intelligence-assisted detection and classification of colorectal polyps under colonoscopy: a systematic review and meta-analysis__

Manuscript number (if known):

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Date:____ September 24, 2021

Your Name:____ Qing Xu

Manuscript Title:____ Artificial intelligence-assisted detection and classification of colorectal polyps under colonoscopy: a systematic review and meta-analysis

Manuscript number (if known):

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Date: September 24, 2021

Your Name: Mengyi Cai

Manuscript Title: Artificial intelligence-assisted detection and classification of colorectal polyps under colonoscopy: a systematic review and meta-analysis

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Date: September 24, 2021
Your Name: Zhuoyao Li

Manuscript Title: Artificial intelligence-assisted detection and classification of colorectal polyps under colonoscopy: a systematic review and meta-analysis

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Date: September 24, 2021
Your Name: Wenting Xie
Manuscript Title: Artificial intelligence-assisted detection and classification of colorectal polyps under colonoscopy: a systematic review and meta-analysis

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
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|   | No time limit for this item. | |
|   | Time frame: Since the initial planning of the work | |
|   | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   |                             |   |
|---|-----------------------------|---|
| 5 | Payment or honoraria for    | None |
|   | lectures, presentations,    |     |
|   | speakers bureaus,           |     |
|   | manuscript writing or       |     |
|   | educational events          |     |
| 6 | Payment for expert          | None |
|   | testimony                   |     |
| 7 | Support for attending       | None |
|   | meetings and/or travel      |     |
| 8 | Patents planned, issued or  | None |
|   | pending                     |     |
| 9 | Participation on a Data     | None |
|   | Safety Monitoring Board or   |     |
|   | Advisory Board              |     |
| 10| Leadership or fiduciary role| None |
|   | in other board, society,    |     |
|   | committee or advocacy       |     |
|   | group, paid or unpaid       |     |
| 11| Stock or stock options      | None |
| 12| Receipt of equipment,       | None |
|   | materials, drugs, medical   |     |
|   | writing, gifts or other     |     |
|   | services                    |     |
| 13| Other financial or non-     | None |
|   | 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:

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ICMJE DISCLOSURE FORM

Date: September 24, 2021
Your Name: Miao Xie
Manuscript Title: Artificial intelligence-assisted detection and classification of colorectal polyps under colonoscopy: a systematic review and meta-analysis
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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| Time frame: past 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   | Description                                                                 | None |
|---|-----------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |      |
| 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 |

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None

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ICMJE DISCLOSURE FORM

Date: September 24, 2021

Your Name: Motohiko Kato

Manuscript Title: Artificial intelligence-assisted detection and classification of colorectal polyps under colonoscopy: a systematic review and meta-analysis

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|   | No time limit for this item.                                                                  |                                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | None                                                                           |
| 3 | Royalties or licenses                                                                        | None                                                                           |
| 4 | Consulting fees                                                                              | None                                                                           |
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 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   |

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None

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ICMJE DISCLOSURE FORM

Date: September 24, 2021
Your Name: Xujie Xi
Manuscript Title: Artificial intelligence-assisted detection and classification of colorectal polyps under colonoscopy: a systematic review and meta-analysis
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.) No time limit for this item. | None |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3    | Royalties or licenses | None |
| 4    | Consulting fees | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                                     | None |
|---|------------------------------------------------------------------------------------------------|------|
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| 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 |

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Date: September 24, 2021
Your Name: Beiping Zhang
Manuscript Title: Artificial intelligence-assisted detection and classification of colorectal polyps under colonscopy: a systematic review and meta-analysis

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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|   |                                                                                           | None                                                                                 |

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2 Grants or contracts from any entity (if not indicated in item #1 above).

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