**ICMJE DISCLOSURE FORM**

Date: __2021.07.27__

Your Name: __Di Liu__

Manuscript Title: _Nomogram for the prediction of individualized overall survival of patients diagnosed with small cell esophageal carcinoma_

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

|   | 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) |
|---|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 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                                                                         |
| 5 | Payment or honoraria for                                                                | _X_ None                                                                         |
|                                    |       |
|------------------------------------|-------|
| lectures, presentations, speakers  |       |
| bureaus, manuscript writing or     |       |
| educational events                 |       |
| 6 Payment for expert testimony     | _X_ None |
| 7 Support for attending meetings   | _X_ None |
| and/or travel                      |       |
| 8 Patents planned, issued or       | _X_ None |
| pending                            |       |
| 9 Participation on a Data Safety   | _X_ None |
| Monitoring Board or Advisory Board |       |
| 10 Leadership or fiduciary role     | _X_ None |
| in other board, society, committee |       |
| or advocacy group, paid or unpaid  |       |
| 11 Stock or stock options          | _X_ None |
| 12 Receipt of equipment, materials,| _X_ None |
| drugs, medical writing, gifts or   |       |
| other services                     |       |
| 13 Other financial or non-financial| _X_ None |
| 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: __2021.07.27__

Your Name: __Junmiao Wen__

Manuscript Title: _Nomogram for the prediction of individualized overall survival of patients diagnosed with small cell esophageal carcinoma_

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ICMJE DISCLOSURE FORM

Date: __2021.07.27______________________________

Your Name: __Jiayan Chen______________________________

Manuscript Title: __Nomogram for the prediction of individualized overall survival of patients diagnosed with small cell esophageal carcinoma______________________________

Manuscript number (if known): __________________________________________________________________________

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Date: ___ 2021.07.27
Your Name: Zhen Zhang

Manuscript Title: Nomogram for the prediction of individualized overall survival of patients diagnosed with small cell esophageal carcinoma
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