ICMJE DISCLOSURE FORM

Date: 14th November, 2022 **Your Name:** Jerrald Lau

Manuscript Title: Increasing colorectal cancer screening uptake – Time to consider a more holistic socio-ecological

approach

Manuscript number (if known): E-JGO-22-510

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding, provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone					
	speakers bureaus,						
	manuscript writing or						
<i>-</i>	educational events	V. None					
6	Payment for expert testimony	XNone					
7	Support for attending	X None					
,	meetings and/or travel	None					
	g,						
8	Patents planned, issued or pending	XNone					
9	Participation on a Data Safety Monitoring Board or	XNone					
	Advisory Board						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone					
11	Stock or stock options	XNone					
12	Receipt of equipment,	X_None					
	materials, drugs, medical writing, gifts or other						
	services						
13	Other financial or non-	XNone					
	financial interests						
וח	Please summarize the above conflict of interest in the following box:						
PI	ease summarize the above o	ominct of interest in the fo	nowing pox:				
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: 14th November, 2022 **Your Name:** Ker-Kan Tan

Manuscript Title: Increasing colorectal cancer screening uptake – Time to consider a more holistic socio-ecological

approach

Manuscript number (if known): E-JGO-22-510

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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

5	Payment or honoraria for lectures, presentations,	XNone					
	speakers bureaus,						
	manuscript writing or						
<i>-</i>	educational events	V. None					
6	Payment for expert testimony	XNone					
7	Support for attending	X None					
,	meetings and/or travel	None					
	g,						
8	Patents planned, issued or pending	XNone					
9	Participation on a Data Safety Monitoring Board or	XNone					
	Advisory Board						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone					
11	Stock or stock options	XNone					
12	Receipt of equipment,	X_None					
	materials, drugs, medical writing, gifts or other						
	services						
13	Other financial or non-	XNone					
	financial interests						
וח	Please summarize the above conflict of interest in the following box:						
PI	ease summarize the above o	ominct of interest in the fo	nowing pox:				
None.							

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