

ICMJE DISCLOSURE FORM

Date: 2024/04/10

Your Name: Hailei Du

Manuscript Title: Identification of a Prognostic DNA Repair Gene Signature in Esophageal Cancer

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)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:

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: 2024/04/10

Your Name: Xinyi Wang

Manuscript Title: Identification of a Prognostic DNA Repair Gene Signature in Esophageal Cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ 2024/04/10 _____

Your Name: _____ Shanshan Xie _____

Manuscript Title: _____ Identification of a Prognostic DNA Repair Gene Signature in Esophageal Cancer _____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: **APRIL 08, 2024**
 Your Name: **ALFREDO TASTARONE**
 Manuscript Title: **IDENTIFICATION OF A PROGNOSTIC DNA REPAIR GENE SIGNATURE IN ESOPHAGEAL CANCER**
 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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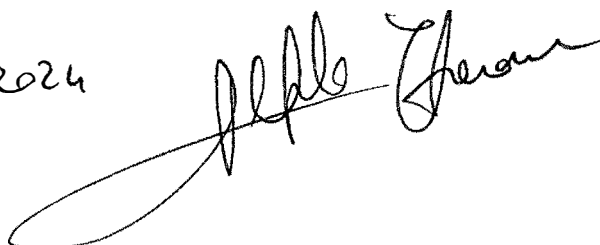
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None

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APRIL 08, 2024



ICMJE DISCLOSURE FORM

Date: 4/7/2024

Your Name: Emmanuel Gabriel

Manuscript Title: Identification of a Prognostic DNA Repair Gene Signature in Esophageal Cancer

Manuscript number (if known):

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None

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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: 4/7/24

Your Name: Jeffrey Velotta MD

Manuscript Title: Identification of a Prognostic DNA Repair Gene Signature in Esophageal Cancer

Manuscript number (if known):

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None

Please place an "X" next to the following statement to indicate your agreement:

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: April 09th, 2024
Your Name: Pierlorenzo Pallante
Manuscript Title: Identification of a Prognostic DNA Repair Gene Signature in Esophageal Cancer
Manuscript number (if known):

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

<p>I declare that there is no conflict of interest.</p>

Please place an "X" next to the following statement to indicate your agreement:

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Faithfully

Pierlorenzo Pallante

A handwritten signature in black ink, appearing to read "Pierlorenzo Pallante". The signature is written in a cursive style with a large initial "P" and a long, sweeping tail.

ICMJE DISCLOSURE FORM

Date: 2024/04/10
 Your Name: Liengang Zhu
 Manuscript Title: Identification of a Prognostic DNA Repair Gene Signature in Esophageal Cancer
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2024/04/10

Your Name: Junbiao Hang

Manuscript Title: Identification of a Prognostic DNA Repair Gene Signature in Esophageal Cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2024/04/10

Your Name: Ling Chen

Manuscript Title: Identification of a Prognostic DNA Repair Gene Signature in Esophageal Cancer

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