

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)  
Xing

2. Surname (Last Name)  
Wang

3. Date  
30-October-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Bin Wu, Xiaolong Qi

5. Manuscript Title

Impact of variceal eradication on rebleeding and prognosis in cirrhotic patients undergoing secondary prophylaxis

6. Manuscript Identifying Number (if you know it)

ATM-20-3401-R1

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1. Given Name (First Name) Jinni	2. Surname (Last Name) Luo	3. Date 30-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin Wu, Xiaolong Qi
5. Manuscript Title Impact of variceal eradication on rebleeding and prognosis in cirrhotic patients undergoing secondary prophylaxis		
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1. Given Name (First Name) Chuan	2. Surname (Last Name) Liu	3. Date 30-October-2020
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Yanna

2. Surname (Last Name)

Liu

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30-October-2020

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Corresponding Author's Name

Bin Wu, Xiaolong Qi

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Fengping	2. Surname (Last Name) Zheng	3. Date 30-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin Wu, Xiaolong Qi
5. Manuscript Title Impact of variceal eradication on rebleeding and prognosis in cirrhotic patients undergoing secondary prophylaxis		
6. Manuscript Identifying Number (if you know it) ATM-20-3401-R1		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Zheng has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Zhuofu	2. Surname (Last Name) Wen	3. Date 30-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin Wu, Xiaolong Qi
5. Manuscript Title Impact of variceal eradication on rebleeding and prognosis in cirrhotic patients undergoing secondary prophylaxis		
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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hong	2. Surname (Last Name) Tian	3. Date 30-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin Wu, Xiaolong Qi
5. Manuscript Title Impact of variceal eradication on rebleeding and prognosis in cirrhotic patients undergoing secondary prophylaxis		
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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Tian has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xiuqing	2. Surname (Last Name) Wei	3. Date 30-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin Wu, Xiaolong Qi
5. Manuscript Title Impact of variceal eradication on rebleeding and prognosis in cirrhotic patients undergoing secondary prophylaxis		
6. Manuscript Identifying Number (if you know it) ATM-20-3401-R1		

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Dr. Wei has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Yunwei

2. Surname (Last Name)  
Guo

3. Date  
30-October-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Bin Wu, Xiaolong Qi

5. Manuscript Title  
Impact of variceal eradication on rebleeding and prognosis in cirrhotic patients undergoing secondary prophylaxis

6. Manuscript Identifying Number (if you know it)  
ATM-20-3401-R1

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Dr. Guo has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jianzhong	2. Surname (Last Name) Li	3. Date 30-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin Wu, Xiaolong Qi
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### Section 6. Disclosure Statement

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Dr. Li has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xiaoliang	2. Surname (Last Name) Chen	3. Date 30-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin Wu, Xiaolong Qi
5. Manuscript Title Impact of variceal eradication on rebleeding and prognosis in cirrhotic patients undergoing secondary prophylaxis		
6. Manuscript Identifying Number (if you know it) ATM-20-3401-R1		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jin	2. Surname (Last Name) Tao	3. Date 30-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin Wu, Xiaolong Qi
5. Manuscript Title Impact of variceal eradication on rebleeding and prognosis in cirrhotic patients undergoing secondary prophylaxis		
6. Manuscript Identifying Number (if you know it) ATM-20-3401-R1		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Xiaolong

2. Surname (Last Name)  
Qi

3. Date  
30-October-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Impact of variceal eradication on rebleeding and prognosis in cirrhotic patients undergoing secondary prophylaxis

6. Manuscript Identifying Number (if you know it)  
ATM-20-3401-R1

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Dr. Qi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Bin

2. Surname (Last Name)

Wu

3. Date

30-October-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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