ICMJE Form for Disclosure of Potential Conflicts of Interest

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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) Qi-Xin
2. Surname (Last Name) Shang
3. Date 29-May-2020
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Long-Qi Chen; Ai-Fang Ji
5. Manuscript Title Clinical and prognostic effects of adjuvant therapy on less advanced esophageal squamous cell carcinoma patients
6. Manuscript Identifying Number (if you know it) APM-19-222

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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Dr. Shang 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)  Yu-Shang
2. Surname (Last Name) Yang
3. Date  29-May-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Long-Qi Chen; Ai-Fang Ji
5. Manuscript Title
   Clinical and prognostic effects of adjuvant therapy on less advanced esophageal squamous cell carcinoma patients
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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yong</td>
<td>Yuan</td>
<td>29-May-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  

- Yes  
- No  

[✔] No  

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- Yes  
- No  

[✔] No

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- No  

[✔] No

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- No  

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Section 1. Identifying Information

1. Given Name (First Name) 
   Yi-Min

2. Surname (Last Name) 
   Gu

3. Date 
   29-May-2020

4. Are you the corresponding author? 
   Yes [ ] No [☑]

   Corresponding Author’s Name 
   Long-Qi Chen; Ai-Fang Ji

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Dr. Gu has nothing to disclose.

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1. Given Name (First Name) Han-Lu
2. Surname (Last Name) Zhang
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5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
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<tbody>
<tr>
<td>Ai-Fang</td>
<td>Ji</td>
<td>29-May-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? ✔ Yes  ☐ No

5. Manuscript Title
Clinical and prognostic effects of adjuvant therapy on less advanced esophageal squamous cell carcinoma patients

6. Manuscript Identifying Number (if you know it)
APM-19-222

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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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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

Dr. Ji has nothing to disclose.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Section 1. Identifying Information

1. Given Name (First Name)  
   Long-Qi

2. Surname (Last Name)  
   Chen

3. Date  
   29-May-2020

4. Are you the corresponding author?  
   ✔ Yes   No

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