

ICMJE DISCLOSURE FORM

Date: August. 1th, 2021

Your Name: Yunshi Wu

Manuscript Title: Expression, clinical significance and correlation of RUNX3 and HER2 in colorectal Cancer.

Manuscript number (if known): JGO-21-403.

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.

The author's relationships/activities/interests should be defined broadly. 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	Yunshi Wu <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Yunshi Wu <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	Yunshi Wu <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	Yunshi Wu <input checked="" type="checkbox"/> X <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Yunshi Wu __X__None	
6	Payment for expert testimony	Yunshi Wu __X__None	
7	Support for attending meetings and/or travel	Yunshi Wu __X__None	
8	Patents planned, issued or pending	Yunshi Wu __X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Yunshi Wu __X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Yunshi Wu __X__None	
11	Stock or stock options	Yunshi Wu __X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Yunshi Wu __X__None	
13	Other financial or non-financial interests	Yunshi Wu __X__None	

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

Yunshi Wu_X_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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: August. 1th, 2021

Your Name: Jun Xue

Manuscript Title: Expression, clinical significance and correlation of RUNX3 and HER2 in colorectal Cancer.

Manuscript number (if known): JGO-21-403.

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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.	Jun Xue <input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Jun Xue <input checked="" type="checkbox"/> None	
3	Royalties or licenses	Jun Xue <input checked="" type="checkbox"/> None	
4	Consulting fees	Jun Xue <input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Jun Xue <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	Jun Xue <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	Jun Xue <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	Jun Xue <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Jun Xue <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Jun Xue <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	Jun Xue <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Jun Xue <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	Jun Xue <input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

Jun Xue X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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: August. 1th, 2021

Your Name: Yuanrui Li

Manuscript Title: Expression, clinical significance and correlation of RUNX3 and HER2 in colorectal Cancer.

Manuscript number (if known): JGO-21-403.

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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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.	Yuanrui Li <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Yuanrui Li <input type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	Yuanrui Li <input type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	Yuanrui Li <input type="checkbox"/> X <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Yuanrui Li <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	Yuanrui Li <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	Yuanrui Li <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	Yuanrui Li <input type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Yuanrui Li <input type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Yuanrui Li <input type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	Yuanrui Li <input type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Yuanrui Li <input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	Yuanrui Li <input type="checkbox"/> X <input type="checkbox"/> None	

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

Yuanrui Li **X** **I** certify that I have answered every question and have not altered the wording of any of the questions on this form.

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: August. 1th, 2021

Your Name: Xueliang Wu

Manuscript Title: Expression, clinical significance and correlation of RUNX3 and HER2 in colorectal Cancer.

Manuscript number (if known): JGO-21-403.

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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.	Xueliang Wu <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Xueliang Wu <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	Xueliang Wu <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	Xueliang Wu <input checked="" type="checkbox"/> X <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Xueliang Wu <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	Xueliang Wu <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	Xueliang Wu <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	
8	Patents planned, issued or pending	Xueliang Wu <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Xueliang Wu <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Xueliang Wu <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	Xueliang Wu <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Xueliang Wu <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	Xueliang Wu <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	

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

Xueliang Wu I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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: August. 1th, 2021

Your Name: Ming Qu

Manuscript Title: Expression, clinical significance and correlation of RUNX3 and HER2 in colorectal Cancer.

Manuscript number (if known): JGO-21-403.

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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.	Ming Qu <input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Ming Qu <input checked="" type="checkbox"/> None	
3	Royalties or licenses	Ming Qu <input checked="" type="checkbox"/> None	
4	Consulting fees	Ming Qu <input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Ming Qu __X__None	
6	Payment for expert testimony	Ming Qu __X__None	
7	Support for attending meetings and/or travel	Ming Qu __X__None	
8	Patents planned, issued or pending	Ming Qu __X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Ming Qu __X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Ming Qu __X__None	
11	Stock or stock options	Ming Qu __X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Ming Qu __X__None	
13	Other financial or non-financial interests	Ming Qu __X__None	

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

Ming Qu_X_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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: August. 1th, 2021

Your Name: Dandan Xu

Manuscript Title: Expression, clinical significance and correlation of RUNX3 and HER2 in colorectal Cancer.

Manuscript number (if known): JGO-21-403.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Dandan Xu <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	Dandan Xu <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	Dandan Xu <input checked="" type="checkbox"/> X <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Dandan Xu <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	Dandan Xu <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	Dandan Xu <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
8	Patents planned, issued or pending	Dandan Xu <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Dandan Xu <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Dandan Xu <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	Dandan Xu <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Dandan Xu <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	Dandan Xu <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	

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Dandan Xu I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

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ICMJE DISCLOSURE FORM

Date: August. 1th, 2021

Your Name: Yongquan Shi

Manuscript Title: Expression, clinical significance and correlation of RUNX3 and HER2 in colorectal Cancer.

Manuscript number (if known): JGO-21-403.

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Time frame: past 36 months			
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3	Royalties or licenses	Yongquan Shi __X__None	
4	Consulting fees	Yongquan Shi __X__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Yongquan Shi __X__None	
6	Payment for expert testimony	Yongquan Shi __X__None	
7	Support for attending meetings and/or travel	Yongquan Shi __X__None	
8	Patents planned, issued or pending	Yongquan Shi __X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Yongquan Shi __X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Yongquan Shi __X__None	
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13	Other financial or non-financial interests	Yongquan Shi __X__None	

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