Date:	10/22/2023	
Your Name:	Zepang Sun	
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via Noninvasive Imaging in Gastric Cancer	
Manuscript Number (if known):	175834-JCI-CMED-1	

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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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	10/22/2023
Your Name:	Taojun Zhang
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via  Noninvasive Imaging in Gastric Cancer
Manuscript Number (if known):	175834-JCI-CMED-1

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3	Royalties or licenses	None None □	

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13	Other financial or non-financial interests	None	
Plea [⊠]	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.		

Date:	11/8/2023
Your Name:	M. Usman Ahmad
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via  Noninvasive Imaging in Gastric Cancer
Manuscript Number (if known):	175834-JCI-CMED-1

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Date:	10/26/2023	
Your Name:	Zixia Zhou	
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via  Noninvasive Imaging in Gastric Cancer	
Manuscript Number (if known):	175834-JCI-CMED-1	

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3	Royalties or licenses	None None	

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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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Date:	10/27/2023
Your Name:	Liang Qiu
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via  Noninvasive Imaging in Gastric Cancer
Manuscript Number (if known):	175834-JCI-CMED-1

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6	Payment for expert testimony	None	
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13	Other financial or non-financial interests	None	
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Date:	10/23/2023
Your Name:	Kangneng Zhou
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via  Noninvasive Imaging in Gastric Cancer
Manuscript Number (if known):	175834-JCI-CMED-1

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	10/25/2023
Your Name:	Wenjun Xiong
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via Noninvasive Imaging in Gastric Cancer
Manuscript Number (if known):	175834-JCI-CMED-1

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7	Support for attending meetings and/or travel	None	
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Date:	10/22/2023	
Your Name:	Jingjing Xie	
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via  Noninvasive Imaging in Gastric Cancer	
Manuscript Number (if known):	175834-JCI-CMED-1	

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Date:	10/23/2023
Your Name:	Zhicheng Zhang
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via Noninvasive Imaging in Gastric Cancer
Manuscript Number (if known):	175834-JCI-CMED-1

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Date:	10/22/2023
Your Name:	Chuanli Chen
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via  Noninvasive Imaging in Gastric Cancer
Manuscript Number (if known):	175834-JCI-CMED-1

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3	Royalties or licenses	None □	

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Date:	10/22/2023
Your Name:	Qingyu Yuan
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via Noninvasive Imaging in Gastric Cancer
Manuscript Number (if known):	175834-JCI-CMED-1

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Date:	10/22/2023
Your Name:	Yan Chen
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via  Noninvasive Imaging in Gastric Cancer
Manuscript Number (if known):	175834-JCI-CMED-1

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		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	10/22/2023	
Your Name:	Wanying Feng	
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via Noninvasive Imaging in Gastric Cancer	
Manuscript Number (if known):	175834-JCI-CMED-1	

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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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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13	Other financial or non-financial interests	None	
Plea	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.		

Date:	10/27/2023	
Your Name:	Yikai Xu	
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via  Noninvasive Imaging in Gastric Cancer	
Manuscript Number (if known):	175834-JCI-CMED-1	

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Date:	10/23/2023
Your Name:	Lequan Yu
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via  Noninvasive Imaging in Gastric Cancer
Manuscript Number (if known):	175834-JCI-CMED-1

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3	Royalties or licenses	None None □	

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7	Support for attending meetings and/or travel	None	
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Date:	10/25/2023
Your Name:	Wei Wang
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via Noninvasive Imaging in Gastric Cancer
Manuscript Number (if known):	175834-JCI-CMED-1

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7	Support for attending meetings and/or travel	None	
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Date:	10/25/2023	
Your Name:	Jiang Yu	
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via  Noninvasive Imaging in Gastric Cancer	
Manuscript Number (if known):	175834-JCI-CMED-1	

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13	Other financial or non-financial interests	None	
Plea	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.		

Date:	11/03/2023
Your Name:	Guoxin Li
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via Noninvasive Imaging in Gastric Cancer
Manuscript Number (if known):	175834-JCI-CMED-1

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Date:	10/22/2023	
Your Name:	Yuming Jiang	
Manuscript Title:	Comprehensive Assessment of Immune Context and Immunotherapy Response via  Noninvasive Imaging in Gastric Cancer	
Manuscript Number (if known):	175834-JCI-CMED-1	

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