

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Gang-Cheng

2. Surname (Last Name)

Wang

3. Date

09-June-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Ying-Jun Liu

5. Manuscript Title

Surgical outcomes and survival for T4 gastric cancer extending to the transverse colon

6. Manuscript Identifying Number (if you know it)

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Dr. Wang has nothing to disclose.

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1. Given Name (First Name)

Ying-Jun

2. Surname (Last Name)

Liu

3. Date

09-June-2020

4. Are you the corresponding author?

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5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Chong-Qing	2. Surname (Last Name) Gao	3. Date 09-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ying-Jun Liu
5. Manuscript Title Surgical outcomes and survival for T4 gastric cancer extending to the transverse colon		
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You-Cai

2. Surname (Last Name)

Wang

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09-June-2020

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Yes

No

Corresponding Author's Name

Ying-Jun Liu

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3. Date

09-June-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Ying-Jun Liu

5. Manuscript Title

Surgical outcomes and survival for T4 gastric cancer extending to the transverse colon

6. Manuscript Identifying Number (if you know it)

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Yes

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)

Cai-Yun

2. Surname (Last Name)

Nie

3. Date

09-June-2020

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Corresponding Author's Name

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Section 1. Identifying Information

1. Given Name (First Name) Xiao-Bing	2. Surname (Last Name) Chen	3. Date 09-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ying-Jun Liu
5. Manuscript Title Surgical outcomes and survival for T4 gastric cancer extending to the transverse colon		
6. Manuscript Identifying Number (if you know it) _____		

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Section 1. Identifying Information

1. Given Name (First Name)

Su-Xia

2. Surname (Last Name)

Luo

3. Date

09-June-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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