

**ICMJE**INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

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".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

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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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

Dong

董丽华 Lihua Dong



扫描全能王 创建



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lihua

2. Surname (Last Name)
Dong

3. Date
17-December-2020

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

5. Manuscript Title
Metastatic thymic-enteric adenocarcinoma type responding to chemoradiation plus anti-angiogenic therapy: A case report

6. Manuscript Identifying Number (if you know it)
59705

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

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

Dong

董丽华 Lihua Dong





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Section 5.

Relationships not covered above

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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. Dong has nothing to disclose.

Evaluation and Feedback

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董丽华 Lihua Dong



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Chang

常鹏号 Pengy Chang¹



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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Pengyu

2. Surname (Last Name)
Chang

3. Date
17-December-2020

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

5. Manuscript Title
Metastatic thymic-enteric adenocarcinoma type responding to chemoradiation plus anti-angiogenic therapy: A case report

6. Manuscript Identifying Number (if you know it)
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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

常鹏飞 Pengyu Chang

Chang





ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Li

李曼 Man Li.

1



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1 Identifying Information

1. Given Name (First Name)
Man

2. Surname (Last Name)
Li

3. Date
17-December-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Lihua Dong and Pengyu Chang

5. Manuscript Title

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Section 2 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

Section 3 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





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Section 5 Relationships not covered above

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李曼 Man Li



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Pu

蒲晓宇 Xiaoyu Pu



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ICMJE Form Disclosure of Potential Conflicts of Interest

Section 1: General Information

1. Given Name
Xiaoyu

2. Surname (Last Name)
Pu

3. Date
17-December-2020

4. Are you the corresponding author? ☐ Yes ☒ No
Corresponding Author's Name
Lihua Dong and Pengyu Chang

5. Manuscript Title
Metastatic colorectal carcinoma type responding to chemoradiation plus anti-angiogenic therapy: A case report

6. Manuscript Number (if you know it)
59705

Section 2: Financial Conflicts of Interest for Consideration for Publication

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

Are there any other financial conflicts of interest? ☐ Yes ☒ No

Section 3: Financial Conflicts of Interest for Activities outside the submitted work.

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

Are there any other financial conflicts of interest? ☐ Yes ☒ No

Section 4: Intellectual Property – Patents & Copyrights

Do you have any intellectual property (patents, copyrights, etc.) that is planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No





ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1: Information not covered above

Are there any other activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Pu has

Evaluation

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