

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hang	2. Surname (Last Name) Zhang	3. Date 17-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wei Zhang
5. Manuscript Title Do rectal cancer patients with downstaging after neoadjuvant chemoradiotherapy and radical resection require adjuvant chemotherapy?		
6. Manuscript Identifying Number (if you know it) ATM-20-1278		

### Section 2. The Work Under Consideration for Publication

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Dr. Zhang has nothing to disclose.

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Ya

2. Surname (Last Name)

Huang

3. Date

17-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Wei Zhang

5. Manuscript Title

Do rectal cancer patients with downstaging after neoadjuvant chemoradiotherapy and radical resection require adjuvant chemotherapy?

6. Manuscript Identifying Number (if you know it)

ATM-20-1278

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1. Given Name (First Name)

Ge

2. Surname (Last Name)

Sun

3. Date

17-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Wei Zhang

5. Manuscript Title

Do rectal cancer patients with downstaging after neoadjuvant chemoradiotherapy and radical resection require adjuvant chemotherapy?

6. Manuscript Identifying Number (if you know it)

ATM-20-1278

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Kuo

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Zheng

3. Date

17-May-2020

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Yes

No

Corresponding Author's Name

Wei Zhang

5. Manuscript Title

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Zheng

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Lou

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17-May-2020

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Yes

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Corresponding Author's Name

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Dr. Lou has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Xianhua

2. Surname (Last Name)

Gao

3. Date

17-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Wei Zhang

5. Manuscript Title

Do rectal cancer patients with downstaging after neoadjuvant chemoradiotherapy and radical resection require adjuvant chemotherapy?

6. Manuscript Identifying Number (if you know it)

ATM-20-1278

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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

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Dr. Gao has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Li qiang

2. Surname (Last Name)

Hao

3. Date

17-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Wei Zhang

5. Manuscript Title

Do rectal cancer patients with downstaging after neoadjuvant chemoradiotherapy and radical resection require adjuvant chemotherapy?

6. Manuscript Identifying Number (if you know it)

ATM-20-1278

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Dr. Hao has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lianjie

2. Surname (Last Name)

Liu

3. Date

17-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Wei Zhang

5. Manuscript Title

Do rectal cancer patients with downstaging after neoadjuvant chemoradiotherapy and radical resection require adjuvant chemotherapy?

6. Manuscript Identifying Number (if you know it)

ATM-20-1278

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Yes

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Dr. Liu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Ronggui

2. Surname (Last Name)

Meng

3. Date

17-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Wei Zhang

5. Manuscript Title

Do rectal cancer patients with downstaging after neoadjuvant chemoradiotherapy and radical resection require adjuvant chemotherapy?

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ATM-20-1278

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Are there any relevant conflicts of interest?

Yes

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Yes

No

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Dr. Meng has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Wei

2. Surname (Last Name)

Zhang

3. Date

17-May-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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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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