

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Yu

2. Surname (Last Name)

Tian

3. Date

13-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Guocai Yang

5. Manuscript Title

Perioperative crizotinib in a patient with stage III B ALK-positive non-small cell lung cancer: a case report

6. Manuscript Identifying Number (if you know it)

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Dr. Tian 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) Jia	2. Surname (Last Name) Huang	3. Date 13-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guocai Yang
5. Manuscript Title Perioperative crizotinib in a patient with stage III B ALK-positive non-small cell lung cancer: a case report		
6. Manuscript Identifying Number (if you know it) _____		

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

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1. Given Name (First Name) Chongwu	2. Surname (Last Name) Li	3. Date 13-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guocai Yang
5. Manuscript Title Perioperative crizotinib in a patient with stage III B ALK-positive non-small cell lung cancer: a case report		
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Dr. Li 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)

Long

2. Surname (Last Name)

Jiang

3. Date

13-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Guocai Yang

5. Manuscript Title

Perioperative crizotinib in a patient with stage III B ALK-positive non-small cell lung cancer: a case report

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Dr. Jiang has nothing to disclose.

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Hao

2. Surname (Last Name)

Lin

3. Date

13-May-2020

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Yes  No

Corresponding Author's Name

Guocai Yang

5. Manuscript Title

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**Other:** Anything not covered under the previous three boxes

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Peiji	2. Surname (Last Name) Lu	3. Date 13-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guocai Yang
5. Manuscript Title Perioperative crizotinib in a patient with stage III B ALK-positive non-small cell lung cancer: a case report		
6. Manuscript Identifying Number (if you know it) _____		

### 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

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Dr. Lu has nothing to disclose.

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#### 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".

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Qingquan	2. Surname (Last Name) Luo	3. Date 13-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guocai Yang
5. Manuscript Title Perioperative crizotinib in a patient with stage III B ALK-positive non-small cell lung cancer: a case report		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Guocai

2. Surname (Last Name)

Yang

3. Date

13-May-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Perioperative crizotinib in a patient with stage III B ALK-positive non-small cell lung cancer: a case report

6. Manuscript Identifying Number (if you know it)

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