

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)
Siyi

2. Surname (Last Name)
Wu

3. Date
07-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Qibin Song

5. Manuscript Title

Adjuvant radiotherapy may have significant survival benefits for gastric cancer patients with 1-29 lymph nodes retrieved

6. Manuscript Identifying Number (if you know it)

TCR-20-1750

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Wu has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Yuxin

2. Surname (Last Name)
Chu

3. Date
07-September-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Qibin Song

5. Manuscript Title

Adjuvant radiotherapy may have significant survival benefits for gastric cancer patients with 1-29 lymph nodes retrieved

6. Manuscript Identifying Number (if you know it)

TCR-20-1750

Section 2. The Work Under Consideration for Publication

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



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INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Dr. Chu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Qinyong	2. Surname (Last Name) Hu	3. Date 07-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Qibin Song
5. Manuscript Title Adjuvant radiotherapy may have significant survival benefits for gastric cancer patients with 1-29 lymph nodes retrieved		
6. Manuscript Identifying Number (if you know it) TCR-20-1750		

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Qibin

2. Surname (Last Name)
Song

3. Date
07-September-2020

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