

## 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)  
Kazuhisa

2. Surname (Last Name)  
Ehara

3. Date  
26-July-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Laparoscopic distal gastrectomy with nodal dissection for clinical stage I gastric cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Ehara 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)  
Satoshi

2. Surname (Last Name)  
Nakamura

3. Date  
26-July-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Kazuhisa Ehara

5. Manuscript Title  
Laparoscopic distal gastrectomy with nodal dissection for clinical stage I gastric cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Nakamura has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Tatsuya	2. Surname (Last Name) Yamada	3. Date 26-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kazuhisa Ehara
5. Manuscript Title Laparoscopic distal gastrectomy with nodal dissection for clinical stage I gastric cancer		
6. Manuscript Identifying Number (if you know it)		

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Dr. Yamada has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Yoshihiro	2. Surname (Last Name) Mori	3. Date 26-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kazuhisa Ehara
5. Manuscript Title Laparoscopic distal gastrectomy with nodal dissection for clinical stage I gastric cancer		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Mori has nothing to disclose.

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5. Manuscript Title Laparoscopic distal gastrectomy with nodal dissection for clinical stage I gastric cancer		
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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) Yumiko	2. Surname (Last Name) Kageyama	3. Date 26-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kazuhisa Ehara
5. Manuscript Title Laparoscopic distal gastrectomy with nodal dissection for clinical stage I gastric cancer		
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

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kageyama 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)

Yoshiyuki

2. Surname (Last Name)

Kawashima

3. Date

26-July-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Kazuhisa Ehara

5. Manuscript Title

Laparoscopic distal gastrectomy with nodal dissection for clinical stage I gastric cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Kawashima 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) Hirohiko	2. Surname (Last Name) Sakamoto	3. Date 26-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kazuhisa Ehara
5. Manuscript Title Laparoscopic distal gastrectomy with nodal dissection for clinical stage I gastric cancer		
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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Dr. Sakamoto 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)  
Youichi

2. Surname (Last Name)  
Tanaka

3. Date  
26-July-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Kazuhisa Ehara

5. Manuscript Title  
Laparoscopic distal gastrectomy with nodal dissection for clinical stage I gastric cancer

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Dr. Tanaka has nothing to disclose.

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