

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)
Hajime

2. Surname (Last Name)
Fujishima

3. Date
20-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hidefumi Shiroshita

5. Manuscript Title

Clinical impact of laparoscopic intersphincteric resection following neoadjuvant chemoradiotherapy for locally advanced rectal cancer: case-controlled study

6. Manuscript Identifying Number (if you know it)

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Dr. Fujishima has nothing to disclose.

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1. Given Name (First Name)
Hidefumi

2. Surname (Last Name)
Shiroshita

3. Date
20-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
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1. Given Name (First Name)
Takao

2. Surname (Last Name)
Hara

3. Date
20-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hidefumi Shiroshita

5. Manuscript Title
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Yusuke

2. Surname (Last Name)
Itai

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20-March-2018

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Yes No

Corresponding Author's Name
Hidefumi Shiroshita

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Section 1. Identifying Information

1. Given Name (First Name) Noriko	2. Surname (Last Name) Sagawa	3. Date 20-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hidefumi Shiroshita
5. Manuscript Title Clinical impact of laparoscopic intersphincteric resection following neoadjuvant chemoradiotherapy for locally advanced rectal cancer: case-controlled study		
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1. Given Name (First Name) Jianwei	2. Surname (Last Name) Ma	3. Date 20-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hidefumi Shiroshita
5. Manuscript Title Clinical impact of laparoscopic intersphincteric resection following neoadjuvant chemoradiotherapy for locally advanced rectal cancer: case-controlled study		
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. Ma has nothing to disclose.

Evaluation and Feedback

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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)
Kentaro

2. Surname (Last Name)
Nakajima

3. Date
20-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hidefumi Shiroshita

5. Manuscript Title
Clinical impact of laparoscopic intersphincteric resection following neoadjuvant chemoradiotherapy for locally advanced rectal cancer: case-controlled study

6. Manuscript Identifying Number (if you know it)

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Dr. Nakajima 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)
Yohei

2. Surname (Last Name)
Kono

3. Date
20-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hidefumi Shiroshita

5. Manuscript Title
Clinical impact of laparoscopic intersphincteric resection following neoadjuvant chemoradiotherapy for locally advanced rectal cancer: case-controlled study

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Takahiro

2. Surname (Last Name)
Hiratsuka

3. Date
20-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hidefumi Shiroshita

5. Manuscript Title
Clinical impact of laparoscopic intersphincteric resection following neoadjuvant chemoradiotherapy for locally advanced rectal cancer: case-controlled study

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Dr. Hiratsuka has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Kosuke

2. Surname (Last Name)

Suzuki

3. Date

20-March-2018

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Yes No

Corresponding Author's Name

Hidefumi Shiroshita

5. Manuscript Title

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Tomonori

2. Surname (Last Name)
Akagi

3. Date
20-March-2018

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Yes No

Corresponding Author's Name
Hidefumi Shiroshita

5. Manuscript Title
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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)
Tomotaka

2. Surname (Last Name)
Shibata

3. Date
20-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hidefumi Shiroshita

5. Manuscript Title
Clinical impact of laparoscopic intersphincteric resection following neoadjuvant chemoradiotherapy for locally advanced rectal cancer: case-controlled study

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. Shibata 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)
Yoshitake

2. Surname (Last Name)
Ueda

3. Date
20-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hidefumi Shiroshita

5. Manuscript Title
Clinical impact of laparoscopic intersphincteric resection following neoadjuvant chemoradiotherapy for locally advanced rectal cancer: case-controlled study

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

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Dr. Ueda 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) Manabu	2. Surname (Last Name) Tojigamori	3. Date 20-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hidefumi Shiroshita
5. Manuscript Title Clinical impact of laparoscopic intersphincteric resection following neoadjuvant chemoradiotherapy for locally advanced rectal cancer: case-controlled study		
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Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Tojigamori 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)

Tsuyoshi

2. Surname (Last Name)

Etoh

3. Date

20-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Hidefumi Shiroshita

5. Manuscript Title

Clinical impact of laparoscopic intersphincteric resection following neoadjuvant chemoradiotherapy for locally advanced rectal cancer: case-controlled study

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Dr. Etoh 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) Norio	2. Surname (Last Name) Shiraishi	3. Date 20-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hidefumi Shiroshita
5. Manuscript Title Clinical impact of laparoscopic intersphincteric resection following neoadjuvant chemoradiotherapy for locally advanced rectal cancer: case-controlled study		
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Dr. Shiraishi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)
Masafumi

2. Surname (Last Name)
Inomata

3. Date
20-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hidefumi Shiroshita

5. Manuscript Title
Clinical impact of laparoscopic intersphincteric resection following neoadjuvant chemoradiotherapy for locally advanced rectal cancer: case-controlled study

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

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Dr. Inomata has nothing to disclose.

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