

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Angelita	2. Surname (Last Name) Habr-Gama	3. Date 30-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rodrigo Oliva Perez
5. Manuscript Title Alternative treatment to surgery for rectal cancer		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Habr-Gama has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Laura Melina

2. Surname (Last Name)

Fernandez

3. Date

30-April-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Rodrigo Oliva Perez

5. Manuscript Title

Alternative treatment to surgery for rectal cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Fernandez has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Guilherme Pagin	2. Surname (Last Name) São Julião	3. Date 30-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rodrigo Oliva Perez
5. Manuscript Title Alternative treatment to surgery for rectal cancer		
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Section 1. Identifying Information

1. Given Name (First Name)
Bruna Borba

2. Surname (Last Name)
Vailati

3. Date
30-April-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Rodrigo Oliva Perez

5. Manuscript Title
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1. Given Name (First Name)
Rodrigo Oliva

2. Surname (Last Name)
Perez

3. Date
30-April-2018

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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