

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)
Adeeb

2. Surname (Last Name)
Rehman

3. Date
12-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Treatment algorithm of metastatic rectal cancer

6. Manuscript Identifying Number (if you know it)
JXYM-19-45

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Dr. Rehman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Rafael

2. Surname (Last Name)
Diaz-Nieto

3. Date
12-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Adeeb Rehman

5. Manuscript Title
Treatment algorithm of metastatic rectal cancer

6. Manuscript Identifying Number (if you know it)
JXYM-19-45

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Dr. Diaz-Nieto has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Stephen	2. Surname (Last Name) Fenwick	3. Date 12-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Adeeb Rehman
5. Manuscript Title Treatment algorithm of metastatic rectal cancer		
6. Manuscript Identifying Number (if you know it) JXYM-19-45		

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1. Given Name (First Name)
Graeme

2. Surname (Last Name)
Poston

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12-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Adeeb Rehman

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