

# ICMJE DISCLOSURE FORM

Date: 15/04/2021

Your Name: Amy Body

Manuscript Title: Colorectal cancer- moving forward one step at a time

Manuscript number (if known): DMR-2020-CC-06(DMR-21-42)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____ None	
6	Payment for expert testimony	_____ None	
7	Support for attending meetings and/or travel	_____ None	
8	Patents planned, issued or pending	_____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____ None	
11	Stock or stock options	_____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____ None	
13	Other financial or non-financial interests	_____ None	

**Please summarize the above conflict of interest in the following box:**

**Please place an “X” next to the following statement to indicate your agreement:**

  X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 14 Apr 2021

Your Name: HANUMANT CHOUHAN

Manuscript Title: Colorectal cancer- moving forward one step at a time

Manuscript number (if known) DMR-2020-CC-06

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- 1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) None  
No time limit for this item.

Time frame: past 36 months

- 2 Grants or contracts from None any entity (if not indicated in item #1 above).

- 3 Royalties or licenses None

- 4 Consulting fees None

5 Payment or honoraria for ☐ None  
lectures, presentations,  
speakers bureaus,  
manuscript writing or  
educational events

6 Payment for expert ☐ None  
testimony

7 Support for attending ☐ None  
meetings and/or travel

8 Patents planned, issued or ☐ None  
pending

9 Participation on a Data ☐ none  
Safety Monitoring Board  
or Advisory Board

10 Leadership or fiduciary ☐ None  
role in other board,  
society, committee or  
advocacy group, paid or  
unpaid

11 Stock or stock options ☐ None

12 Receipt of equipment, ☐ None  
materials, drugs, medical  
writing, gifts or other  
services

13 Other financial or non- ☐ None  
financial interests

Please summarize the above conflict of interest in the following box:

NIL



**Please place an "X" next to the following statement to indicate your agreement:**

**x   I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

# ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 14 Apr 2021 \_\_\_\_\_

Your Name: \_\_\_\_\_ Eva Segelov \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Colorectal cancer- moving forward one step at a time

Manuscript number (if known) DMR-2020-CC-06

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6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None	
11	Stock or stock options	____ None	
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13	Other financial or non-financial interests	____ None	

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