

## ICMJE DISCLOSURE FORM

Date: 29/04/2021  
 Your Name: Nan Wang  
 Manuscript Title: Development and validation of risk and prognostic nomograms for bone metastases in Chinese advanced colorectal cancer patients  
 Manuscript number (if known): \_\_\_\_\_

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.

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13	Other financial or non-financial interests	None	

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The author has no conflicts of to declare.

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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: 29/04/2021  
 Your Name: Fangqi Liu  
 Manuscript Title: Development and validation of risk and prognostic nomograms for bone metastases in Chinese advanced colorectal cancer patients  
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## ICMJE DISCLOSURE FORM

Date: 29/04/2021  
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 Manuscript Title: Development and validation of risk and prognostic nomograms for bone metastases in Chinese advanced colorectal cancer patients  
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## ICMJE DISCLOSURE FORM

Date: 29/04/2021  
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Date: 29/04/2021  
 Your Name: Yun Xu  
 Manuscript Title: Development and validation of risk and prognostic nomograms for bone metastases in Chinese advanced colorectal cancer patients  
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## ICMJE DISCLOSURE FORM

Date: 29/04/2021  
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 Manuscript Title: Development and validation of risk and prognostic nomograms for bone metastases in Chinese advanced colorectal cancer patients  
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## ICMJE DISCLOSURE FORM

Date: 29/04/2021  
 Your Name: Junwei Wu  
 Manuscript Title: Development and validation of risk and prognostic nomograms for bone metastases in Chinese advanced colorectal cancer patients  
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Date: 29/04/2021  
 Your Name: Chenfei Zhou  
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## ICMJE DISCLOSURE FORM

Date: 29/04/2021

Your Name: Min Shi

Manuscript Title: Development and validation of risk and prognostic nomograms for bone metastases in Chinese advanced colorectal cancer patients

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Date: 29/04/2021  
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 Manuscript Title: Development and validation of risk and prognostic nomograms for bone metastases in Chinese advanced colorectal cancer patients  
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Date: 29/04/2021  
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 Manuscript Title: Development and validation of risk and prognostic nomograms for bone metastases in Chinese advanced colorectal cancer patients  
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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:**

The author has no conflicts of to declare.

**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: 29/04/2021  
 Your Name: Jun Zhang  
 Manuscript Title: Development and validation of risk and prognostic nomograms for bone metastases in Chinese advanced colorectal cancer patients  
 Manuscript number (if known): \_\_\_\_\_

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.

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<b>Time frame: Since the initial planning of the work</b>			
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<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:**

The author has no conflicts of to declare.

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