

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2022/2/24 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Jian-Gong Zhang \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Status and associated factors of cross-regional health care among patients with advanced colorectal cancer in China: a multicenter cross-sectional study \_\_\_\_\_  
 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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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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Date: \_\_\_\_\_ 2022/2/24 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Hong Wang \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Status and associated factors of cross-regional health care among patients with advanced colorectal cancer in China: a multicenter cross-sectional study \_\_\_\_\_  
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 Your Name: \_\_\_\_\_ Xiao-Fen Gu \_\_\_\_\_  
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 Your Name: \_\_\_\_\_ He-Lu Cao \_\_\_\_\_  
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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).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	Merck Serono Co. Ltd	Funding

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

**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: \_\_\_\_\_ 2022/2/24 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Li Ma \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Status and associated factors of cross-regional health care among patients with advanced colorectal cancer in China: a multicenter cross-sectional study \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/2/24  
 Your Name: Yun-Yong Liu  
 Manuscript Title: Status and associated factors of cross-regional health care among patients with advanced colorectal cancer in China: a multicenter cross-sectional study  
 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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## ICMJE DISCLOSURE FORM

Date: 2022/2/24  
 Your Name: Juan-Xiu Huang  
 Manuscript Title: Status and associated factors of cross-regional health care among patients with advanced colorectal cancer in China: a multicenter cross-sectional study  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/2/24

Your Name: Ji Cao

Manuscript Title: Status and associated factors of cross-regional health care among patients with advanced colorectal cancer in China: a multicenter cross-sectional study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/2/24

Your Name: Yan-Ping Fan

Manuscript Title: Status and associated factors of cross-regional health care among patients with advanced colorectal cancer in China: a multicenter cross-sectional study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2022/2/24 \_\_\_\_\_

Your Name: \_\_\_\_\_ Li Li \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Status and associated factors of cross-regional health care among patients with advanced colorectal cancer in China: a multicenter cross-sectional study \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/2/24

Your Name: Chang-Yan Feng

Manuscript Title: Status and associated factors of cross-regional health care among patients with advanced colorectal cancer in China: a multicenter cross-sectional study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2022/2/24 \_\_\_\_\_

Your Name: \_\_\_\_\_ Qian Zhu \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Status and associated factors of cross-regional health care among patients with advanced colorectal cancer in China: a multicenter cross-sectional study \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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**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: 2022/2/24

Your Name: Jing-Chang Du

Manuscript Title: Status and associated factors of cross-regional health care among patients with advanced colorectal cancer in China: a multicenter cross-sectional study

Manuscript number (if known): \_\_\_\_\_

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4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	Merck Serono Co. Ltd	Funding

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## ICMJE DISCLOSURE FORM

Date: 2022/2/24  
 Your Name: Xiao-Hui Wang  
 Manuscript Title: Status and associated factors of cross-regional health care among patients with advanced colorectal cancer in China: a multicenter cross-sectional study  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/2/24

Your Name: Bin-Bin Han

Manuscript Title: Status and associated factors of cross-regional health care among patients with advanced colorectal cancer in China: a multicenter cross-sectional study

Manuscript number (if known): \_\_\_\_\_

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Date: 2022/2/24

Your Name: You-Lin Qiao

Manuscript Title: Status and associated factors of cross-regional health care among patients with advanced colorectal cancer in China: a multicenter cross-sectional study

Manuscript number (if known): \_\_\_\_\_

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