

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kenjiro

2. Surname (Last Name)

Ishii

3. Date

11-April-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Palliative radiotherapy to maintain outpatient status in elderly patients with esophageal carcinoma

6. Manuscript Identifying Number (if you know it)

APM-19-666

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Are there any relevant conflicts of interest? Yes No

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Dr. Ishii has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yasuhiro	2. Surname (Last Name) Tsubosa	3. Date 11-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kenjiro ishii
5. Manuscript Title Palliative radiotherapy to maintain outpatient status in elderly patients with esophageal carcinoma		
6. Manuscript Identifying Number (if you know it) APM-19-666		

Section 2. The Work Under Consideration for Publication

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Dr. Tsubosa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Masahiro	2. Surname (Last Name) Niihara	3. Date 11-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kenjiro Ishii
5. Manuscript Title Palliative radiotherapy to maintain outpatient status in elderly patients with esophageal carcinoma		
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1. Given Name (First Name) Toshiya	2. Surname (Last Name) Akai	3. Date 11-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kenjiro Ishii
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Wataru

2. Surname (Last Name)

Soneda

3. Date

11-April-2020

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Yes No

Corresponding Author's Name

kenjiro Ishii

5. Manuscript Title

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