

## 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) Leijuan	2. Surname (Last Name) Zhu	3. Date 10-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name HaifenHaifeng Kan; Pengfei Cai.g Kan
5. Manuscript Title Staged versus conventional nursing for patients receiving chemotherapy for advanced non-small cell lung cancer: a before and after study		
6. Manuscript Identifying Number (if you know it) APM-20-2240		

### 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.)?

Are there any relevant conflicts of interest?  Yes  No

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Dr. Zhu has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lijia

2. Surname (Last Name)

Chen

3. Date

10-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Haifeng Kan; Pengfei Cai.

5. Manuscript Title

Staged versus conventional nursing for patients receiving chemotherapy for advanced non-small cell lung cancer: a before and after study

6. Manuscript Identifying Number (if you know it)

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Yes

No

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Haifeng

2. Surname (Last Name)

Kan

3. Date

10-November-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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Pengfei

2. Surname (Last Name)

Cai

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Yes  No

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