

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) Zhe	2. Surname (Last Name) Zhang	3. Date 15-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wen-Wu Cheng
5. Manuscript Title Chemotherapy and Targeted Therapy Near the End of Life Affects Aggressiveness of Palliative Care		
6. Manuscript Identifying Number (if you know it) APM-20-1845		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Zhang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Meng-Lei	2. Surname (Last Name) Chen	3. Date 15-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wen-Wu Cheng
5. Manuscript Title Chemotherapy and Targeted Therapy Near the End of Life Affects Aggressiveness of Palliative Care		
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Wen-Wu

2. Surname (Last Name)
Cheng

3. Date
15-December-2020

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