

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Ke	2. Surname (Last Name) Wang	3. Date 22-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhang Ying
5. Manuscript Title Camrelizumab combined with lenvatinib in the treatment of a case of gastric cancer with liver metastasis		
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1. Given Name (First Name) Yan	2. Surname (Last Name) Lv	3. Date 22-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhang Ying
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1. Given Name (First Name)

Ying

2. Surname (Last Name)

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3. Date

22-December-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Camrelizumab combined with lenvatinib in the treatment of a case of gastric cancer with liver metastasis

6. Manuscript Identifying Number (if you know it)

APM-20-2572

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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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