

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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)

Laiane

2. Surname (Last Name)

Dias

3. Date

25-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Refusal of medical treatment by older adults with cancer: a systematic review

6. Manuscript Identifying Number (if you know it)

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. Dias 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)
Mirella

2. Surname (Last Name)
Bezerra

3. Date
25-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Laiane Moraes Dias

5. Manuscript Title
REFUSAL OF MEDICAL TREATMENT BY OLDER PATIENTS WITH CANCER: A SYSTEMATIC REVIEW

6. Manuscript Identifying Number (if you know it)

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. Bezerra has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Williams	2. Surname (Last Name) Barra	3. Date 10-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laiane Moraes Dias
5. Manuscript Title REFUSAL OF MEDICAL TREATMENT BY OLDER ADULTS WITH CANCER : A SYSTEMATIC REVIEW		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Francisca	2. Surname (Last Name) Rego	3. Date 25-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laiane Moraes Dias
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