

## ICMJE DISCLOSURE FORM

Date: 2021/3/13  
 Your Name: Junjie Hou  
 Manuscript Title: Clinical efficacy evaluation and adverse reaction prevention by combined treatment with three drugs in cancerous pudendal neuralgia patients  
 Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

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Date: 2021/3/13  
 Your Name: Yifan Lin  
 Manuscript Title: Clinical efficacy evaluation and adverse reaction prevention by combined treatment with three drugs in cancerous pudental neuralgia patients  
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Date: 2021/3/13

Your Name: Yanqiu Fang

Manuscript Title: Clinical efficacy evaluation and adverse reaction prevention by combined treatment with three drugs in cancerous pudental neuralgia patients

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Date: 2021/3/13

Your Name: Xiaonan Li

Manuscript Title: Clinical efficacy evaluation and adverse reaction prevention by combined treatment with three drugs in cancerous pudental neuralgia patients

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 Manuscript Title: Clinical efficacy evaluation and adverse reaction prevention by combined treatment with three drugs in cancerous pudental neuralgia patients  
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Date: 2021/3/13  
 Your Name: Xianzhuo Jiang  
 Manuscript Title: Clinical efficacy evaluation and adverse reaction prevention by combined treatment with three drugs in cancerous pudendal neuralgia patients  
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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 2021/3/13  
 Your Name: Zhiqiang Ni  
 Manuscript Title: Clinical efficacy evaluation and adverse reaction prevention by combined treatment with three drugs in cancerous pudental neuralgia patients  
 Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

Date: 2021/3/13

Your Name: Xiaodan Lu

Manuscript Title: Clinical efficacy evaluation and adverse reaction prevention by combined treatment with three drugs in cancerous pudental neuralgia patients

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2021/3/13  
 Your Name: Ning-Yi Jin  
 Manuscript Title: Clinical efficacy evaluation and adverse reaction prevention by combined treatment with three drugs in cancerous pudendal neuralgia patients  
 Manuscript number (if known): \_\_\_\_\_

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