

## ICMJE DISCLOSURE FORM

Date: 2021/07/09

Your Name: Wenjun Meng

Manuscript Title: Intra-arterial chemoembolization with chemotherapy for unresectable locally advanced rectal cancer:  
a case report and literature review

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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		the Project of Innovative Foundation for Postgraduates in Chongqing Medical University (No. YJSCX202012)	Funding support
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

Date: 2021/07/09

Your Name: Yuchen Gao

Manuscript Title: Intra-arterial chemoembolization with chemotherapy for unresectable locally advanced rectal cancer:  
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## ICMJE DISCLOSURE FORM

Date: 2021/07/09

Your Name: Jian Xie

Manuscript Title: Intra-arterial chemoembolization with chemotherapy for unresectable locally advanced rectal cancer:  
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## ICMJE DISCLOSURE FORM

Date: 2021/07/09

Your Name: Shuai Wu

Manuscript Title: Intra-arterial chemoembolization with chemotherapy for unresectable locally advanced rectal cancer:  
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## ICMJE DISCLOSURE FORM

Date: 2021/07/09

Your Name: Bin Jian

Manuscript Title: Intra-arterial chemoembolization with chemotherapy for unresectable locally advanced rectal cancer:  
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Your Name: Qigang Li

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Your Name: Lian Bai

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