

ICMJE DISCLOSURE FORM

Date: July. 25th, 2021

Your Name: Haijun Wang

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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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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: July 21th, 2021

Your Name: Hongzhi Wang

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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ICMJE DISCLOSURE FORM

Date: July 20th, 2021

Your Name: Wei Chen

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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ICMJE DISCLOSURE FORM

Date: July 25th, 2021

Your Name: Heling Zhao

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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ICMJE DISCLOSURE FORM

Date: July 22th, 2021

Your Name: Yuanyu Qian

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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ICMJE DISCLOSURE FORM

Date: July 24th, 2021

Your Name: Limin Shen

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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ICMJE DISCLOSURE FORM

Date: July 22th, 2021

Your Name: Shuangling Li

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

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ICMJE DISCLOSURE FORM

Date: July 25th, 2021

Your Name: Jun Duan

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

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ICMJE DISCLOSURE FORM

Date: July 20th, 2021

Your Name: Zhiqiang Wangi

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ICMJE DISCLOSURE FORM

Date: July 20th, 2021

Your Name: Kelian Cui

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

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Date: July 21th, 2021

Your Name: Quan Wang

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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:

X 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: July 23th, 2021

Your Name: Xiaoyan Xue

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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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Time frame: past 36 months			
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 checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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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:

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: July 26th, 2021

Your Name: Xiyuan Li

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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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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: July 21th, 2021

Your Name: Liwei Hua

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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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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: July 27th, 2021

Your Name: Yingping Zhang

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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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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:

X 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: July 28th, 2021

Your Name: Yongshun Feng

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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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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:

X 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: July 25th, 2021

Your Name: Huaiwu He

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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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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: July 21th, 2021

Your Name: Lei Li

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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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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:

X 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: July 24th, 2021

Your Name: Nan Zhang

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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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None.

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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: July 22th, 2021

Your Name: Jun Dong

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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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None.

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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: July 20th, 2021

Your Name: Weishuai Bian

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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ICMJE DISCLOSURE FORM

Date: July 21th, 2021

Your Name: Feiping Lu

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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		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)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
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4	Consulting fees	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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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:

X 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: July 27th, 2021

Your Name: Donghao Wang

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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ICMJE DISCLOSURE FORM

Date: July 21th, 2021

Your Name: Yun Long

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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ICMJE DISCLOSURE FORM

Date: July 28th, 2021

Your Name: Xuezhong Xing

Manuscript Title: Expert consensus of perioperative intensive care and management of critically ill cancer patients (2021)

Manuscript number (if known): APM-21-870

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