

ICMJE DISCLOSURE FORM

Date: 2022/5/4
 Your Name: Xiaowei Mao
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
 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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Please summarize the above conflict of interest in the following box:

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Date: 2022/5/4
 Your Name: Fang Hu
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
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 Your Name: Jin Peng
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Date: 2022/5/4
 Your Name: Yizhuo Zhao
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
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 Your Name: Aiqin Gu
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
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Date: 2022/5/4
 Your Name: Wentao Fang
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
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 Your Name: Mengzhao Wang
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
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 Your Name: Di Zheng
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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:

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: 2022/5/4
 Your Name: Yuqing Chen
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
 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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Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 2022/5/4
 Your Name: Xiaoxin Liu
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/4
 Your Name: Xinghua Cheng
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/4
 Your Name: Xin Zhang
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/4
 Your Name: Qunying Hong
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
 Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: 2022/5/4
 Your Name: Jie Hu
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/4
 Your Name: Jialei Wang
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/4
 Your Name: Yan Xu
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/4
 Your Name: Feng Li
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/4
 Your Name: Xiaohua Liang
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/4
 Your Name: Shanqun Li
 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
 Manuscript number (if known): _____

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 Manuscript Title: Expert consensus on multi-disciplinary treatment, whole-course pulmonary rehabilitation management in patients with lung cancer and chronic obstructive lung disease
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