

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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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) Christin	2. Surname (Last Name) Lund-Andersen	3. Date 16-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kjersti Flatmark
5. Manuscript Title Omics analyses in peritoneal metastasis – utility in the management of peritoneal metastases from colorectal cancer and pseudomyxoma peritonei: a narrative review		
6. Manuscript Identifying Number (if you know it) JGO-20-136		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Lund-Andersen 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)

Annette

2. Surname (Last Name)

Torgunrud

3. Date

16-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Kjersti Flatmark

5. Manuscript Title

Omics analyses in peritoneal metastasis – utility in the management of peritoneal metastases from colorectal cancer and pseudomyxoma peritonei: a narrative review

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### Section 1. Identifying Information

1. Given Name (First Name)

Karianne Giller

2. Surname (Last Name)

Fleten

3. Date

15-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Kjersti Flatmark

5. Manuscript Title

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1. Given Name (First Name)

Kjersti

2. Surname (Last Name)

Flatmark

3. Date

15-July-2020

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☒ Yes ☐ No

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