

ICMJE DISCLOSURE FORM

Date: 2022/8/22

Your Name: Hong-Xia Li

Manuscript Title: **Three-target treatment combined with surgery for BRAF V600E-mutant colon cancer with peritoneal metastasis: a case report**

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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) |
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| Time frame: Since the initial planning of the work | | | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 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.

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Date: 2022/8/22

Your Name: Xiao-Lan Zhang

Manuscript Title: **Three-target treatment combined with surgery for BRAF V600E-mutant colon cancer with peritoneal metastasis: a case report**

Manuscript number (if known): _____

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Date: 2022/8/22

Your Name: Jun-Qing Zhang

Manuscript Title: **Three-target treatment combined with surgery for BRAF V600E-mutant colon cancer with peritoneal metastasis: a case report**

Manuscript number (if known): _____

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Date: 2022/8/22

Your Name: Min Cai

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Your Name: Sheng-Wen Li

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