

ICMJE DISCLOSURE FORM

Date: 16 September 2024

Your Name: Mao-Dong Zheng

Manuscript Title: "Patient-controlled analgesia with hydromorphone treatment for advanced colon cancer with severe pain in an older adult patient: 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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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.

ICMJJE DISCLOSURE FORM

Date: 20 September 2024

Your Name: Yan-Xia Li

Manuscript Title: "Patient-controlled analgesia with hydromorphone treatment for advanced colon cancer with severe pain in an older adult patient: a case report and literature review"

Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: 20 September 2024

Your Name: Ze-Yu Wang

Manuscript Title: "Patient-controlled analgesia with hydromorphone treatment for advanced colon cancer with severe pain in an older adult patient: a case report and literature review"

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 20 September 2024

Your Name: Huan Ma

Manuscript Title: "Patient-controlled analgesia with hydromorphone treatment for advanced colon cancer with severe pain in an older adult patient: a case report and literature review"

Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: 20 September 2024

Your Name: Yu Wang

Manuscript Title: "Patient-controlled analgesia with hydromorphone treatment for advanced colon cancer with severe pain in an older adult patient: a case report and literature review"

Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: 20 September 2024

Your Name: Ting-Ting Qiao

Manuscript Title: "Patient-controlled analgesia with hydromorphone treatment for advanced colon cancer with severe pain in an older adult patient: a case report and literature review"

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 20 September 2024

Your Name: Michael S. Krasovitsky

Manuscript Title: Patient-controlled analgesia with hydromorphone treatment for advanced colon cancer with severe pain in an older adult patient: a case report and literature review

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 10 September 2024

Your Name: Cihad Tatar

Manuscript Title: Patient-controlled analgesia with hydromorphone treatment for advanced colon cancer with severe pain in an older adult patient: a case report and literature review

Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: 20 September 2024

Your Name: Mohana Karlekar

Manuscript Title: "Patient-controlled analgesia with hydromorphone treatment for advanced colon cancer with severe pain in an older adult patient: a case report and literature review"

Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: 20 September 2024

Your Name: Juan Yan

Manuscript Title: "Patient-controlled analgesia with hydromorphone treatment for advanced colon cancer with severe pain in an older adult patient: a case report and literature review"

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