

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Jianjiao

2. Surname (Last Name)

Ni

3. Date

19-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Liang Liu and Min Fan

5. Manuscript Title

Risk factors of postoperative recurrence and potential candidate of adjuvant radiotherapy in lung adenosquamous carcinoma

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Section 1. Identifying Information

1. Given Name (First Name) Zhiqin	2. Surname (Last Name) Zheng	3. Date 19-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Liang Liu and Min Fan
5. Manuscript Title Risk factors of postoperative recurrence and potential candidate of adjuvant radiotherapy in lung adenosquamous carcinoma		
6. Manuscript Identifying Number (if you know it) 		

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Juan

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Li

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19-May-2020

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☒ No

Corresponding Author's Name

Liang Liu and Min Fan

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Li

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☒ No

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Section 1. Identifying Information

1. Given Name (First Name)

Liang

2. Surname (Last Name)

Liu

3. Date

19-May-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Risk factors of postoperative recurrence and potential candidate of adjuvant radiotherapy in lung adenosquamous carcinoma

6. Manuscript Identifying Number (if you know it)

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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.)?

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Dr. Liu has nothing to disclose.

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