

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Lei	2. Surname (Last Name) Sun	3. Date 01-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cheng Yi
5. Manuscript Title Effect of fasting therapy in chemotherapy-protection and tumor-suppression: a systematic review		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sun has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yong-Jiang	2. Surname (Last Name) Li	3. Date 01-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cheng Yi
5. Manuscript Title Effect of fasting therapy in chemotherapy-protection and tumor-suppression: a systematic review		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Li has nothing to disclose.

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1. Given Name (First Name) Xi	2. Surname (Last Name) Yang	3. Date 01-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cheng Yi
5. Manuscript Title Effect of fasting therapy in chemotherapy-protection and tumor-suppression: a systematic review		
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Dr. Yang has nothing to disclose.

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1. Given Name (First Name) Ling	2. Surname (Last Name) Gao	3. Date 01-January-2017
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Cheng

2. Surname (Last Name)
Yi

3. Date
01-January-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
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