

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) YuXin	2. Surname (Last Name) Xu	3. Date 09-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pan Chi; Ying Huang
5. Manuscript Title A LASSO-based Survival Prediction Model for Patients with Synchronous Colorectal Carcinomas Based on SEER		
6. Manuscript Identifying Number (if you know it) TCR-20-1860		

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. Xu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
XiaoJie

2. Surname (Last Name)
Wang

3. Date
09-January-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Pan Chi; Ying Huang

5. Manuscript Title
A LASSO-based Survival Prediction Model for Patients with Synchronous Colorectal Carcinomas Based on SEER

6. Manuscript Identifying Number (if you know it)
TCR-20-1860

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Ying

2. Surname (Last Name)
Huang

3. Date
09-January-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
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1. Given Name (First Name) DaoXiong	2. Surname (Last Name) Ye	3. Date 09-January-2021
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Pan

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Chi

3. Date

09-January-2021

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Yes No

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