

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

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| Section 1. | Identifying Inform | ation | | | |
|--|----------------------------|--|---------------------------|-----------------|--|
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Aksenov | Name) | | 3. Date 01-August-2017 |
| 4. Are you the corresponding author? | | ✓ Yes N | o | | |
| Node | | | ovel Model to Identify t | the Candidates | for Extended Pelvic Lymph |
| Section 2. | The Work Under Co | onsideration fo | r Publication | | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not limited to | | | mercial, private foundation, etc.) for gn, manuscript preparation, |
| Section 3. | Relevant financial | activities outsi | de the submitted wo | ork. | |
| of compensation clicking the "Add | n) with entities as descri | bed in the instructors Fort relationships | tions. Use one line for e | each entity; ad | cionships (regardless of amount d as many lines as you need by onths prior to publication. |
| Section 4. | Intellectual Proper | ty Patents <u>&</u> (| Copyright <u>s</u> | | |
| Do you have any | patents, whether plani | | | to the work? | Yes ✓ No |

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| Section 5. | | | | |
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| Section 5. | Relationships not covered above | | | |
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| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships. | | | |
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| Dr. Aksenov has | nothing to disclose. | | | |

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|---|--|---|--|
| 1. Given Name (Fii Klaus-Peter | rst Name) | 2. Surname (Last Name) Jünemann | 3. Date 01-August-2017 |
| 4. Are you the corresponding author? Yes ✓ No | | ☐ Yes ✓ No | Corresponding Author's Name Alexey V. Aksenov |
| 5. Manuscript Title Editorial on "Development and Internal Validation of a Novel Model to Identify the Candidates for Extended Pel Node 6. Manuscript Identifying Number (if you know it) | | del to Identify the Candidates for Extended Pelvic Lymph | |
| Section 2. | The Work Under Co | onsideration for Publi | cation |
| any aspect of the s statistical analysis, Are there any rel | stitution at any time recei ubmitted work (including | ive payment or services from but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, |
| Section 3. | Relevant financial | activities outside the | submitted work. |
| of compensation clicking the "Add Are there any rel | ı) with entities as descri | bed in the instructions. Use port relationships that we | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. |
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| Do you have any | patents, whether plan | ned, pending or issued, bi | roadly relevant to the work? Yes V No |

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| 1. Given Name (Fi Daniar | rst Name) | Surname (Last Name) Osmonov | 3. Date 01-August-2017 | |
| 4. Are you the corresponding author? | | ☐ Yes ✓ No | Corresponding Author's Name Alexey V. Aksenov | |
| 5. Manuscript Title Editorial on "Development and Internal Validation of a Novel Monde 6. Manuscript Identifying Number (if you know it) | | | lel to Identify the Candidates for Extended Pelvic Lymph | |
| Section 2. | | | - | |
| | | onsideration for Public | | |
| 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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| Section 3. | Relevant financial | activities outside the s | ubmitted work. | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes V No | | | | |
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| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No | |

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