ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tr>
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<th>Hang</th>
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<tr>
<td>2. Surname (Last Name)</td>
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4. Are you the corresponding author?  
   - Yes  
   - No ✔

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Ge | Sun | 17-May-2020

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Wei Zhang

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Section 1. Identifying Information

1. Given Name (First Name)  
   Kuo

2. Surname (Last Name)  
   Zheng

3. Date  
   17-May-2020

4. Are you the corresponding author?  
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Corresponding Author's Name  
Wei Zhang

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Zheng
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Xianhua  
2. Surname (Last Name)  
   Gao  
3. Date  
   17-May-2020  
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Wei Zhang  
5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   ATM-20-1278

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   [x] No

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   [x] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Gao 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) Liqiang
2. Surname (Last Name) Hao
3. Date 17-May-2020
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author's Name Wei Zhang

5. Manuscript Title
   Do rectal cancer patients with downstaging after neoadjuvant chemoradiotherapy and radical resection require adjuvant chemotherapy?
6. Manuscript Identifying Number (if you know it)
   ATM-20-1278

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hao 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)  Lianjie
2. Surname (Last Name)  Liu
3. Date  17-May-2020
4. Are you the corresponding author?  Yes  No  ✔

Corresponding Author's Name
Wei Zhang

5. Manuscript Title
Do rectal cancer patients with downstaging after neoadjuvant chemoradiotherapy and radical resection require adjuvant chemotherapy?

6. Manuscript Identifying Number (if you know it)
ATM-20-1278

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Dr. Liu 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) Ronggui
2. Surname (Last Name) Meng
3. Date 17-May-2020
4. Are you the corresponding author? ☐ Yes ✔ No
   Corresponding Author’s Name Wei Zhang
5. Manuscript Title
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Dr. Meng has nothing to disclose.

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Zhang
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wei</td>
<td>Zhang</td>
<td>17-May-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
Yes [ ] No [ ]

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