You Ma	Date:						
rel par to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.				
	e following questions apply muscript only.	to the author's relationship	ps/activitles/interests as they relate to the <u>current</u>				
to me	the epidemiology of hyperto edication, even if that medic	ension, you should declare ation is not mentioned in to proper the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,				
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)				
	· · · · · · · · · · · · · · · · · · ·	Time frame: Since the initial	planning of the work				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X_None					
2	Grants or contracts from	Time frame: past	36 months				
-	any entity (if not indicated in item #1 above).	_A_None					
3	Royalties or licenses	_X_None					
4	Consulting fees	X_None					

X None

Payment or honoraria for

lectures, presentations,

speakers bureaus,

manuscript writing or

	educational events		
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	X_None	- 1 Carretta
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	X_None	

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Please place an "X" next to the following statement to indicate your agreement:

Date: 2021-4-24	
Your Name: Down Chan	lang
Manuscript Title: Surgical tr	eatment strategy for locally advanced colorectal cancer with abdominal wall invasion
Manuscript number (if know	n): ATM -21- 2074

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Timeframes Sincethelinitia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	X_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.	177	
	To time immeror tims items		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees		
1	consuming rees	-X-None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		

1	educational events		
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy	X_None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	X_None	

I	have	ho conflicts	ef	tn terost	to dedore.	

Please place an "X" next to the following statement to indicate your agreement:

Date:
Your Name: Kay Sory
Manuscript Title: Surgical treatment strategy for locally advanced colorectal cancer with abdominal wall invasion
Manuscript number (If known): A1M -21-2014

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The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time(rame) Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	X_None	
1	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	no time time for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	_X_None	
5	Payment or honoraria for lectures, presentations,	_X_None	
	speakers bureaus, manuscript writing or		

	educational events	
6	Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	_X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	-X_None

I	heve	no	conflocts	of	orreses	er declare.

Please place an "X" next to the following statement to indicate your agreement:

Date	: <u>2021-4-24</u>						
		rec Vous					
Mar	uscript Title: Surgical trea	tment strategy for locally a	advanced colorectal cancer with abdominal wall invasion				
Mar	Manuscript number (if known): ATM-21-209 φ						
The mai	ted to the content of your name whose interests may be cansparency and does not not interest, in	affected by the content of ecessarily indicate a bias. It is preferable that you do to the author's relationship ension, you should declare ation is not mentioned in toport for the work reported	os/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive				
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)				
100		Time frame: Since the initial	planning of the work				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	XNone					
	No time limit for this item.						
1		Time frame: past	36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None					
3	Royalties or licenses	None					
4	Consulting fees	_X_None					
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X_None					

	educational events	405-216-21	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	X_None	

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Please place an "X" next to the following statement to indicate your agreement:

Date: 7021-424.
Your Name: Jugary Wu
Manuscript Title: Surgical treatment strategy for locally advanced colorectal cancer with abdominal wall invasion
Manuscript number (if known): ATM -21-2094

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	ALE THE PARTY CAN BE AND ADDRESS.	Time frame: Since the initia	I planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	26 months
			30 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X_None	

	educational events		
5	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

I have no	oaflect	of interest	to	declare.

Please place an "X" next to the following statement to indicate your agreement:

Date: 2021-4-2 40	
Your Name: Tran 11M S	textategy for locally advanced colorectal cancer with abdominal wall invasion
Manuscript Title: Surgical treatmen	terategy for locally advanced colorectal cancer with abdominal wall invasion
Manuscript number (if known):	M-21-294.

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	_X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	_X_None	

	educational events	2 11 1 4	h = 1 41 M 1
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	_X_None	

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Please place an "X" next to the following statement to indicate your agreement:

D	ate: 2021 - 4 - 24		
Y	our Name: Zon (//	
M	anuscript Title: Surgical tre	atment strategy for locally	advanced colorectal cancer with abdominal wall invasion
	anuscript number (if known		
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to m	the epidemiology of hypert edication, even if that medic	ension, you should declare cation is not mentioned in to prove the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. In this manuscript without time limit. For all other items
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
77		Time frame: Since the initial	planning of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
	THE PARTY OF THE P	Time frame: past	36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	None	
	Royalties or licenses	X_None	
	Consulting fees	None	
	Payment or honoraria for lectures, presentations, speakers bureaus,	X_None	
	manuscript writing or	ı	

/	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	X_None	

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