

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yu	2. Surname (Last Name) Tang	3. Date 18-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianru Xiao and Yue Zhou
5. Manuscript Title Outcome and prognostic factors of patients with metastatic spinal cord compression from non-small cell lung cancer treated with surgery plus adjuvant therapies: A retrospective analysis of 116 patients		
6. Manuscript Identifying Number (if you know it) JBJS-D-14-01124		

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Tang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jintao

2. Surname (Last Name)

Qu

3. Date

14-March-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jianru Xiao and Yue Zhou

5. Manuscript Title

Outcome and prognostic factors of patients with metastatic spinal cord compression from non-small cell lung cancer treated with surgery plus adjuvant therapies: A retrospective analysis of 116 patients

6. Manuscript Identifying Number (if you know it)

JBJS-D-14-01124

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Section 1. Identifying Information

1. Given Name (First Name) Juan	2. Surname (Last Name) Wu	3. Date 15-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianru Xiao and Yue Zhou
5. Manuscript Title Outcome and prognostic factors of patients with metastatic spinal cord compression from non-small cell lung cancer treated with surgery plus adjuvant therapies: A retrospective analysis of 116 patients		
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Dr. Wu 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) Song	2. Surname (Last Name) Li	3. Date 16-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianru Xiao and Yue Zhou
5. Manuscript Title Outcome and prognostic factors of patients with metastatic spinal cord compression from non-small cell lung cancer treated with surgery plus adjuvant therapies: A retrospective analysis of 116 patients		
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Jianru

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Xiao

3. Date

16-March-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)

Yue

2. Surname (Last Name)

Zhou

3. Date

17-March-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Outcome and prognostic factors of patients with metastatic spinal cord compression from non-small cell lung cancer treated with surgery plus adjuvant therapies: A retrospective analysis of 116 patients

6. Manuscript Identifying Number (if you know it)

JBJS-D-14-01124

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

Section 3. Relevant financial activities outside the submitted 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 No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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

Dr. Zhou has nothing to disclose.

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