

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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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#### Definitions.

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**Other:** Anything not covered under the previous three boxes

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jianru

2. Surname (Last Name)  
Xiao

3. Date  
22-June-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Quality of Life of Patients with Spinal Metastasis from Cancer of Unknown Primary Origin: A Longitudinal Study of Surgical Management Combined with Postoperative Radiotherapy

6. Manuscript Identifying Number (if you know it)  
JBJS-D-16-00286

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Joint Taking Program of Key Disease (Grant 2014ZYJB01003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Xiao reports grants from Joint Taking Program of Key Disease (Grant 2014ZYJB01003), during the conduct of the study.

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Wei

2. Surname (Last Name)  
Xu

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22-June-2016

4. Are you the corresponding author?  Yes  No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Shanghai Youth Science and Technology Talent Sailing Program Grant (I4YF1405900)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Xu reports grants from Shanghai Youth Science and Technology Talent Sailing Program Grant (14YF1405900), during the conduct of the study.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Hongyu	2. Surname (Last Name) Yu	3. Date 22-June-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianru Xiao
5. Manuscript Title Quality of life of patients with spinal metastasis from cancer of unknown primary origin: a longitudinal study of surgical management combined with postoperative radiation therapy		
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Dr. Yu 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) Jian	2. Surname (Last Name) Zhao	3. Date 22-June-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianru Xiao
5. Manuscript Title Quality of life of patients with spinal metastasis from cancer of unknown primary origin: a longitudinal study of surgical management combined with postoperative radiation therapy		
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Dr. Zhao has nothing to disclose.

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Jiaojiao

2. Surname (Last Name)

Feng

3. Date

22-June-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Jianru Xiao

5. Manuscript Title

Quality of life of patients with spinal metastasis from cancer of unknown primary origin: a longitudinal study of surgical management combined with postoperative radiation therapy

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Shaohui	2. Surname (Last Name) He	3. Date 22-June-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianru Xiao
5. Manuscript Title Quality of life of patients with spinal metastasis from cancer of unknown primary origin: a longitudinal study of surgical management combined with postoperative radiation therapy		
6. Manuscript Identifying Number (if you know it) JBJS-D-16-00286		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. He has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Tielong	2. Surname (Last Name) Liu	3. Date 22-June-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianru Xiao
5. Manuscript Title Quality of life of patients with spinal metastasis from cancer of unknown primary origin: a longitudinal study of surgical management combined with postoperative radiation therapy		
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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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)  
Xinghai

2. Surname (Last Name)  
Yang

3. Date  
22-June-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Jianru Xiao

5. Manuscript Title

Quality of life of patients with spinal metastasis from cancer of unknown primary origin: a longitudinal study of surgical management combined with postoperative radiation therapy

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Dr. Yang has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Yifei	2. Surname (Last Name) Ma	3. Date 22-June-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianru Xiao
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Dr. Ma has nothing to disclose.

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