ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Ling

2. Surname (Last Name)  
   Peng

3. Date  
   06-April-2020

4. Are you the corresponding author?  
   Yes  ✔ No

   Corresponding Author's Name  
   Xiaorong Dong

5. Manuscript Title  
   The effect of combining Endostar with radiotherapy on blood vessels, tumor-associated macrophages, and T cells in brain metastases of Lewis lung cancer

6. Manuscript Identifying Number (if you know it)  
   TLCR-20-500

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Are there any relevant conflicts of interest?  
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Dr. Peng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
ying

2. Surname (Last Name)  
wang

3. Date  
06-April-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Xiaorong Dong, Hong Ma

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Dr. wang has nothing to disclose.

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1. Given Name (First Name)    2. Surname (Last Name)    3. Date
Shihong    Fei    06-April-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Xiaorong Dong

5. Manuscript Title
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1. Given Name (First Name)  
   Chunhua

2. Surname (Last Name)  
   Wei

3. Date  
   06-April-2020

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

Corresponding Author's Name  
Xiaorong Dong, Hong Ma

5. Manuscript Title  
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Dr. Wei has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Fan
2. Surname (Last Name)  Tong
3. Date  06-April-2020
4. Are you the corresponding author?  ✔ No

Corresponding Author's Name  Xiaorong Dong, Hong Ma

5. Manuscript Title
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- **Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Gang
2. Surname (Last Name)  Wu
3. Date  06-April-2020
4. Are you the corresponding author?  ☑ No

Corresponding Author's Name
Xiaorong Dong, Hong Ma

5. Manuscript Title
The effect of combining Endostar with radiotherapy on blood vessels, tumor-associated macrophages, and T cells in brain metastases of Lewis lung cancer

6. Manuscript Identifying Number (if you know it)
TLCR-20-500

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.)?

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Are there any relevant conflicts of interest?  ☑ No

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Dr. Wu has nothing to disclose.

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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”.
3. **Relevant financial activities outside the submitted work.**
   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.
   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.
   For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.
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1. Given Name (First Name)  
   Hong

2. Surname (Last Name)  
   Ma

3. Date  
   06-April-2020

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   ✔ Yes  
   No

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Dr. Ma has nothing to disclose.

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1. Given Name (First Name)  
   Xiaorong  
2. Surname (Last Name)  
   Dong  
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   06-April-2020  
4. Are you the corresponding author?  
   ✔ Yes  
   □ No  

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