ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Xiaojun

2. Surname (Last Name)  
   Song

3. Date  
   24-December-2020

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

   Corresponding Author's Name  
   Wei Ye

5. Manuscript Title  
   Treatment of venous thromboembolism in cancer patients: a systematic review and meta-analysis on the efficacy and safety of different direct oral anticoagulants (DOACs)

6. Manuscript Identifying Number (if you know it)  
   ATM-20-8156

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Are there any relevant conflicts of interest?  
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Dr. Song 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)  Zhili
2. Surname (Last Name)  Liu
3. Date  24-December-2020
4. Are you the corresponding author?  ✔ No

Corresponding Author's Name  Wei Ye

5. Manuscript Title
Treatment of venous thromboembolism in cancer patients: a systematic review and meta-analysis on the efficacy and safety of different direct oral anticoagulants (DOACs)

6. Manuscript Identifying Number (if you know it)
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Zeng

1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rong
2. Surname (Last Name) Zeng
3. Date 24-December-2020
4. Are you the corresponding author? ☑ No
5. Manuscript Title Treatment of venous thromboembolism in cancer patients: a systematic review and meta-analysis on the efficacy and safety of different direct oral anticoagulants (DOACs)
6. Manuscript Identifying Number (if you know it) ATM-20-8156

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### Identifying Information

1. Given Name (First Name)  
   Jiang

2. Surname (Last Name)  
   Shao

3. Date  
   24-December-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Treatment of venous thromboembolism in cancer patients: a systematic review and meta-analysis on the efficacy and safety of different direct oral anticoagulants (DOACs)

6. Manuscript Identifying Number (if you know it)  
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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Bao

2. **Surname (Last Name)**
   - Liu

3. **Date**
   - 24-December-2020

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

   **Corresponding Author’s Name**
   - Wei Ye

5. **Manuscript Title**
   - Treatment of venous thromboembolism in cancer patients: a systematic review and meta-analysis on the efficacy and safety of different direct oral anticoagulants (DOACs)

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- **Other:** Anything not covered under the previous three boxes
- **Pending:** The patent has been filed but not issued
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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) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Yuehong                  | Zheng                  | 24-December-2020 |

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

Corresponding Author's Name: Wei Ye

5. Manuscript Title  
   Treatment of venous thromboembolism in cancer patients: a systematic review and meta-analysis on the efficacy and safety of different direct oral anticoagulants (DOACs)

6. Manuscript Identifying Number (if you know it)  
   ATM-20-8156

## 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  
   ✔ 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  
   ✔ No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No  
   ✔ No
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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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Section 6. Disclosure Statement

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Dr. Zheng 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”.

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Section 1. Identifying Information

1. Given Name (First Name) 
   Changwei

2. Surname (Last Name) 
   Liu

3. Date 
   24-December-2020

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   Yes [ ] No [x]

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   Wei Ye

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| Wei                        | Ye                     | 24-December-2020 |

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