ICMJE DISCLOSURE FORM

Date:______________2022/3/8

Your Name:___________ Xiao-Yang Wang

Manuscript Title:____ The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study ______

Manuscript number (if known):______________________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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.)<br>No time limit for this item. | Merck Serono Co. Ltd | | |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).<br>_X_ None | | |
| 3 | Royalties or licenses<br>_X_ None | | |
| 4 | Consulting fees<br>_X_ None | | |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd.

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:______________2022/3/8______________________________
Your Name:___________Wen-Jun Wang______________________________
Manuscript Title:____The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study_____
Manuscript number (if known):__________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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) |
|---|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Merck Serono Co. Ltd |
|   | No time limit for this item. | |

Time frame: Since the initial planning of the work

|   | 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) |
|---|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above) | _x_ None |

Time frame: past 36 months

|   | 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) |
|---|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 3 | Royalties or licenses | _x_ None |
| 4 | Consulting fees | _x_ None |
## Conflict of Interest

|   | Question                                                                 | Answer |
|---|--------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |
| 6 | Payment for expert testimony                                             | None   |
| 7 | Support for attending meetings and/or travel                             | None   |
| 8 | Patents planned, issued or pending                                       | 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                                                   | None   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
|13 | Other financial or non-financial interests                               | None   |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: ___________________ 2022/3/8 ____________________________

Your Name: __________ Yu-Qian Zhao ____________________________________

Manuscript Title: _____ The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study ______

Manuscript number (if known): __________________________________________

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.

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

The author's relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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) |
|---|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Merck Serono Co. Ltd |
|   | **No time limit for this item.** | |
| 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 |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: ______________ 2022/3/8

Your Name: ___________ Yin Liu

Manuscript Title: ___________ The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

Manuscript number (if known): _____________________________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Merck Serono Co. Ltd |
|   | **No time limit for this item.**                                                              |                                                                                    |
| 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                                                                          |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Conflict of Interest Item                                                                 | X | None |
|---|--------------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:______________2022/3/8__________________________________________________________________

Your Name:___________ Xiao-Hui Wang ________________________________________________________

Manuscript Title:_____ The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study ______
Manuscript number (if known):_______________________________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be **defined broadly**. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| Item | 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) |
|------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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.** | Merck Serono Co. Ltd |
| 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                                                                       |                                                                                  |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
|---|--------------------------------------------------------------------------------------------------------|---------|
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:____________________2022/3/8____________________________________________

Your Name:___________ Ling-Bin Du ________________________________________________

Manuscript Title:____ The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study ______

Manuscript number (if known):____________________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Merck Serono Co. Ltd |
|   | **No time limit for this item.** | |

|   |   |                                                                 |
|---|---|---------------------------------------------------------------|
|   | **Time frame: Since the initial planning of the work** | |

|   |   |   |
|---|---|---|
|   | **No time limit for this item.** | |

|   |   |                                                                 |
|---|---|---------------------------------------------------------------|
|   | **Time frame: past 36 months** | |

|   |   |                                                                 |
|---|---|---------------------------------------------------------------|
| 2 |   | _X_ None |

|   |   |                                                                 |
|---|---|---------------------------------------------------------------|
| 3 |   | _X_ None |

|   |   |                                                                 |
|---|---|---------------------------------------------------------------|
| 4 |   | _X_ None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
|---|---------------------------------------------------------------------------------------------------|-------|
|   | Payment for expert testimony | X None |
|   | Support for attending meetings and/or travel | X None |
|   | Patents planned, issued or pending | X None |
|   | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
|   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
|   | Stock or stock options | X None |
|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
|   | Other financial or non-financial interests | X None |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:______________2022/3/8

Your Name:___________Shuang-Xia Duan____________________________________________________

Manuscript Title:____The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study______

Manuscript number (if known):________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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. | Merck Serono Co. Ltd                                                                                                              |
|   |                                                                                                 |                                                                                                                                   |
|   |                                                                                                 |                                                                                                                                   |
| 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                                                                          |                                                                                                                                   |
|   | Conflict of Interest | Response |
|---|---------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:___________2022/3/8________________________
Your Name:___________Xi Zhang ___________________________
Manuscript Title:____ The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study ______
Manuscript number (if known):________________________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|    | 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) |
|----|-----------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Merck Serono Co. Ltd | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|    | **No time limit for this item.** | ** Specifications/Comments (e.g., if payments were made to you or to your institution)** | |
| 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 | |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,        |    |      |
|   | manuscript writing or educational events                                    | X  | None |
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:______________2022/3/8

Your Name:___________Yan-Qin Yu____________________________________

Manuscript Title:____The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study_____

Manuscript number (if known):__________________________________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| #  | Time frame: Since the initial planning of the work | 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) |
|----|-----------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Merck Serono Co. Ltd |  |
|    | **No time limit for this item.** | | |
| 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 |  |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__None |
|---|-------------------------------------------------------------------------------------------------|-----------|
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:___________2022/3/8____________________________________________________

Your Name:___________Li Ma________________________________________________

Manuscript Title:____The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study_____

Manuscript number (if known):________________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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.) | Merck Serono Co. Ltd |
|   | **No time limit for this item.**                                                               |                                                                                  |
| 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                                                                           |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
|---|----------------------------------------------------------------------------------------------------------|---------|
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:______________2022/3/8____________________________________________________
Your Name:___________ Yun-Yong Liu ____________________________________________
Manuscript Title: ____ The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study ______
Manuscript number (if known):____________________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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.) | Merck Serono Co. Ltd |
| | **No time limit for this item.** | |
| **Time frame: past 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 |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:______________2022/3/8
Your Name:_________ Juan-Xiu Huang

Manuscript Title:____ The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study ______
Manuscript number (if known):____________________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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.) | Merck Serono Co. Ltd                                                               |
|   | **No time limit for this item.**                                                                                  |
|   | Time frame: past 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                                                                       |
|   | Description                                                                 | □ X □ None |
|---|-----------------------------------------------------------------------------|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | □ X □ None |
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:___________2022/3/8________________________________________________________
Your Name:___________Ji Cao________________________________________________________________
Manuscript Title:____The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study_____
Manuscript number (if known):__________________________________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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.) | Merck Serono Co. Ltd |
|   | No time limit for this item. | |
| 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 |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
|---|-------------------------------------------------------------------------------------------------|---------|
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
**ICMJE DISCLOSURE FORM**

**Date:** _______________ 2022/3/8 _____________________________________________________________________

**Your Name:** ___________ Li Li _____________________________________________________________________

**Manuscript Title:** ____ The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study _______

**Manuscript number (if known):__________________________________________________________________**

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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** | **Time frame: past 36 months** |
| 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.** | Merck Serono Co. Ltd |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  
   **__X__ None** | __X__ None  |
| 3 | Royalties or licenses  
   **__X__ None** | __X__ None  |
| 4 | Consulting fees  
   **__X__ None** | __X__ None  |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
|---|-------------------------------------------------------------------------------------------------|------|
| 6 | Payment for expert testimony                                                                   | None |
| 7 | Support for attending meetings and/or travel                                                    | None |
| 8 | Patents planned, issued or pending                                                              | 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                                                                          | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                 | None |
| 13| Other financial or non-financial interests                                                       | None |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:______________2022/3/8____________________________________________________
Your Name:___________Xiao-Fen Gu____________________________________________
Manuscript Title:____ The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study ______
Manuscript number (if known):__________________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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) |
|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | Merck Serono Co. Ltd                                                                 |
|   |                                                                                         | 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 |                                                                                         | 6 |                                                                                | |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
|---|---------------------------------------------------|------|
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | 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 | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: ___________2022/3/8__________________________________________________________
Your Name: __________ Yan-Ping Fan _______________________________________________
Manuscript Title: ____ The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study _______
Manuscript number (if known): ___________________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Merck Serono Co. Ltd | Time frame: Since the initial planning of the work |
|   | **No time limit for this item.** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None | Time frame: past 36 months |
| 3 | Royalties or licenses | _X_ None | |
| 4 | Consulting fees | _X_ None | |
|   |                                                                                           |   |
|---|-------------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: ______________ 2022/3/8

Your Name: __________ Chang-Yan Feng ________________________________

Manuscript Title: ____ The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study _______
Manuscript number (if known): _______________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 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.** | Merck Serono Co. Ltd                                                                 |

Time frame: Since the initial planning of the work

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--------------------------------------------------------------------------------|
| 2 | __X__None                                                                          |

Time frame: past 36 months

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--------------------------------------------------------------------------------|
| 2 | __X__None                                                                          |
| 3 | __X__None                                                                          |
| 4 | __X__None                                                                          |
|   | Conflict of Interest                                                                 | Answer |
|---|--------------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

**X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:________________2022/3/8
Your Name:____________________Xue-Mei Lian
Manuscript Title:____ The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study ______
Manuscript number (if known):__________________________________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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.) | Merck Serono Co. Ltd                                                                 |
|   | No time limit for this item.                                                                                                                          |
|   | Time frame: past 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                                                                         |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

**X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: ___________ 2022/3/8
Your Name: __________ Jing-Chang Du
Manuscript Title: ____ The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study ______
Manuscript number (if known): ________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Merck Serono Co. Ltd |
|   | **No time limit for this item.** | |
|   | **Time frame: Since the initial planning of the work** | |
| 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 |
|   | **Time frame: past 36 months** | |


|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
|---|--------------------------------------------------------------------------------------------------------|--------|
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

**X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:__________2022/3/8_______________________________________________________________
Your Name:___________Jian-Gong Zhang________________________________________________
Manuscript Title:____The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study______
Manuscript number (if known):_________________________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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.** | Merck Serono Co. Ltd | |

**Time frame: Since the initial planning of the work**

|   |   |   |
|---|---|---|

**Time frame: past 36 months**

|   |   |   |
|---|---|---|

|   |   |   |
|---|---|---|

|   |   |   |
|---|---|---|

|   |   |   |
|---|---|---|

|   |   |   |
|---|---|---|

|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
|---|---|---|
| 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 |
| 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 |

**Please summarize the above conflict of interest in the following box:**

The research was funded by Merck Serono Co. Ltd

**Please place an “X” next to the following statement to indicate your agreement:**

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:________________2022/3/8_______________________________
Your Name:___________ You-Lin Qiao _____________________________
Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study ______
Manuscript number (if known):______________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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.)\n**No time limit for this item.** | Merck Serono Co. Ltd                                                              |
|   |                                                                                                 |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).\n_X__None\n**Time frame: past 36 months** |                                                                                   |
| 3 | Royalties or licenses\n_X__None                                                                 |                                                                                   |
| 4 | Consulting fees\n_X__None                                                                      |                                                                                   |
|   | **Conflict of Interest**                                                                 |   |
|---|-----------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
| 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 |
| 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 |

Please summarize the above conflict of interest in the following box:

The research was funded by Merck Serono Co. Ltd

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

**X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.