ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Yu-Feng
2. Surname (Last Name)  Li
3. Date  22-June-2020
4. Are you the corresponding author?  ☑ No
5. Manuscript Title  Impact of examined lymph node count on prognosis in patients with lymph node-negative pancreatic body/tail ductal adenocarcinoma
6. Manuscript Identifying Number (if you know it)  JGO-20-158

Corresponding Author's Name  Wei-Lin Wang

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Dr. Li has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Yu-Cheng</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Xiang</td>
</tr>
<tr>
<td>3. Date</td>
<td>22-June-2020</td>
</tr>
</tbody>
</table>

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

   Corresponding Author's Name  
   Wei-Lin Wang

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

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1. Given Name (First Name)  
Qiu-Qiang

2. Surname (Last Name)  
Zhang

3. Date  
22-June-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Wei-Lin Wang

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