ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Sun
### Section 1. Identifying Information

1. Given Name (First Name)  
   Lingyun

2. Surname (Last Name)  
   Sun

3. Date  
   03-April-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Bin He

5. Manuscript Title  
   Effects of Auricular Acupuncture on Appetite in Patients with Advanced Cancer: A Pilot Randomized Controlled Trial

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Jun

2. Surname (Last Name)  
   Mao

3. Date  
   03-April-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Bin He

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

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<tr>
<td>2. Surname (Last Name)</td>
<td>Liu</td>
</tr>
<tr>
<td>3. Date</td>
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<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
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<tr>
<td>Corresponding Author’s Name</td>
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## Identifying Information

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

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

3. **Date**
   - 03-April-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
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Dr. He has nothing to disclose.

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