ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Harry

2. Surname (Last Name)  
   Buller

3. Date  
   24-October-2017

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ Yes  
   ✗ No
   Corresponding Author’s Name  
   Gary Raskob

5. Manuscript Title  
   Edoxaban for the Treatment of Cancer-Associated Venous Thromboembolism

6. Manuscript Identifying Number (if you know it)  
   17-11948

### 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  
   ✔ Yes  
   ✗ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the "X" button.

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Dr. Buller reports personal fees from Daiichi-Sankyo, during the conduct of the study; personal fees from Bayer Healthcare, personal fees from BMS/Pfizer, personal fees from Boehringer-Ingelheim, personal fees from Portola, personal fees from Medscape, personal fees from Eli Lilly, personal fees from Sanofi Aventis, and personal fees from Ionis outside the submitted work.
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Section 1. Identifying Information

1. Given Name (First Name)  
   Mark

2. Surname (Last Name)  
   Carrier

3. Date  
   24-October-2017

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author's Name  
   Gary Raskob

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☐ Yes  ✔️ No

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Section 1. Identifying Information

1. Given Name (First Name)  Marcello
2. Surname (Last Name)  Di Nisio
3. Date  25-October-2017
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title  Edoxaban for the Treatment of Cancer-Associated Venous Thromboembolism
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Dr. Di Nisio reports personal fees from Daiichi Sankyo outside the submitted work.

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

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

3. **Date**
   - 24-October-2017

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

5. **Manuscript Title**
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<td>Consultant; research fees paid to my institution</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>Research fees paid to my institution; consultant, honoraria</td>
</tr>
</tbody>
</table>

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ✓ No

**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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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**Section 6. Disclosure Statement**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Garcia reports grants and personal fees from Daiichi Sankyo during the conduct of the study; personal fees from BMS, personal fees from Boehringer-Ingelheim, grants and personal fees from Janssen, personal fees from Pfizer, personal fees from Medscape, and grants and personal fees from Incyte outside the submitted work.
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**Evaluation and Feedback**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Grosso

3. Date  
   24-October-2017

4. Are you the corresponding author?  
   Yes ☐ No ☑

   Corresponding Author’s Name  
   Gary Raskob

5. Manuscript Title  
   Edoxaban for the Treatment of Cancer-Associated Venous Thromboembolism

6. Manuscript Identifying Number (if you know it)  
   17-11948

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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)  
   Ajay

2. Surname (Last Name)  
   Kakkar

3. Date  
   24-October-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author’s Name  
   Gary Raskob

5. Manuscript Title  
   Edoxaban for the Treatment of Cancer-Associated Venous Thromboembolism

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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## 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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes  ✓ No

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Dr. Kakkar reports personal fees from Daiichi Sankyo during the conduct of the study; grants and personal fees from Bayer AG, personal fees from Boehringer-Ingelheim, personal fees from Janssen Pharma, personal fees from Sanofi SA, and personal fees from Verseon outside the submitted work.
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## Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Kovacs

3. Date  
   24-October-2017

4. Are you the corresponding author?  
   Yes ☐  No ☑

Corresponding Author’s Name

Gary Raskob

5. Manuscript Title  
   Edoxaban for the Treatment of Cancer-Associated Venous Thromboembolism

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   Michele  

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   Mercuri  

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No  

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Are there any relevant conflicts of interest?  

Yes  

No  

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<td>Employment and compensation</td>
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</table>

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

Yes  

No  

Mercuri
ICMJE Form for Disclosure of Potential Conflicts of Interest

**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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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**Section 6. Disclosure Statement**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Mercuri reports personal fees from Daiichi-Sankyo, outside the submitted work.

**Evaluation and Feedback**

Please visit [http://www.icmje.org/cgi-bin/feedback](http://www.icmje.org/cgi-bin/feedback) to provide feedback on your experience with completing this form.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Guy

2. Surname (Last Name)  
   Meyer

3. Date  
   25-October-2017

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Gary Raskob

5. Manuscript Title  
   Edoxaban for the Treatment of Cancer-Associated Venous Thromboembolism

6. Manuscript Identifying Number (if you know it)  
   17-11948

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?  
   ✔ No

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Section 6. Disclosure Statement

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Dr. Meyer reports non-financial support from Leo Pharma, grants and non-financial support from BMS-Pfizer, non-financial support from Stago, and non-financial support from Bayer Healthcare outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Gary

2. Surname (Last Name)  
   Raskob

3. Date  
   24-October-2017

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

5. Manuscript Title  
   Edoxaban for the Treatment of Cancer-Associated Venous Thromboembolism

6. Manuscript Identifying Number (if you know it)  
   17-11948

**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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

Section 5. Relationships not covered above

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Dr. Raskob reports personal fees from Daiichi Sankyo during the conduct of the study; personal fees from Bayer Healthcare, personal fees from BMS, personal fees from Boehringer-Ingelheim, personal fees from Eli Lilly, personal fees from Janssen, personal fees from Johnson and Johnson, personal fees from Pfizer, personal fees from Portola, personal fees from Merck, and personal fees from Medscape outside the submitted work.
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### Section 1. Identifying Information

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

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

3. **Date**
   - 25-October-2017

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

   **Corresponding Author’s Name**
   - Gary Raskob

5. **Manuscript Title**
   - Edoxaban for the Treatment of Cancer-Associated Venous Thromboembolism

6. **Manuscript Identifying Number (if you know it)**
   - 17-11948

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<td>Director of ITREAS (an Academic Research Organization (ARO)). ITREAS received payments of Daiichi Sankyo for the scientific coordination of the study.</td>
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If yes, please fill out the appropriate information below.
Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
---|---|---|---|---|---
IONIS Pharmaceuticals | ✔ | ☐ | ☐ | ☐ | Medical Director of ITREAS (an ARO). ITREAS received payments of IONIS for the scientific coordination of the study
Daiichi Sankyo | ✔ | ☐ | ☐ | ☐ | Medical Director of ITREAS (an ARO). ITREAS received payments of Daiichi Sankyo for the scientific coordination of other Phase 2 studies
Janssen Pharmaceuticals | ✔ | ☐ | ☐ | ☐ | Medical Director of ITREAS (an ARO). ITREAS receives payments of Janssen for the scientific coordination of a Phase 2 study

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No

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Section 1. Identifying Information

1. Given Name (First Name) Minggao
2. Surname (Last Name) Shi
3. Date 25-October-2017
4. Are you the corresponding author? Yes No
   ✔
   Corresponding Author's Name Gary Raskob
5. Manuscript Title Edoxaban for the Treatment of Cancer-Associated Venous Thromboembolism
6. Manuscript Identifying Number (if you know it) 17-11948

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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

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
If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Shi reports personal fees from Daiichi Sankyo outside the submitted work.

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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) Nick
2. Surname (Last Name) van Es
3. Date 25-October-2017
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Gary Raskob
5. Manuscript Title
   Edoxaban for the Treatment of Cancer-Associated Venous Thromboembolism
6. Manuscript Identifying Number (if you know it)
   17-11948

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Are there any relevant conflicts of interest? ☑ Yes ☐ No

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☐ Yes  ✔ No

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Dr. van Es reports personal fees from Daiichi Sankyo during the conduct of the study; personal fees from Pfizer outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Peter
2. Surname (Last Name) Verhamme
3. Date 25-October-2017
4. Are you the corresponding author? No
5. Manuscript Title Edoxaban for the Treatment of Cancer-Associated Venous Thromboembolism
6. Manuscript Identifying Number (if you know it) 17-11948

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

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Yes ☐  No ✔

Section 5. Relationships not covered above

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Dr. Verhamme reports grants and personal fees from Daiichi Sankyo, during the conduct of the study; grants and personal fees from Bayer Healthcare, personal fees from BMS, grants and personal fees from Boehringer-Ingelheim, personal fees from Portola, personal fees from Medscape, grants and personal fees from LeoPharma, grants from Sanofi, personal fees from Medtronic, personal fees from Pfizer, outside the submitted work.

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1. Given Name (First Name)  
Tzu-Fei

2. Surname (Last Name)  
Wang

3. Date  
24-October-2017

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author's Name  
Gary Raskob

5. Manuscript Title  
Edoxaban for the Treatment of Cancer-Associated Venous Thromboembolism

6. Manuscript Identifying Number (if you know it)  
17-11948

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Weitz

3. Date  
   25-October-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author’s Name  
   Gary Raskob

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Are there any relevant conflicts of interest?  

✔ Yes  

No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No

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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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Weitz reports personal fees from Daiichi-Sankyo, during the conduct of the study; personal fees from Bayer Healthcare, personal fees from BMS, personal fees from Boehringer-Ingelheim, personal fees from Ionis Pharmaceuticals, personal fees from Janssen, personal fees from Johnson and Johnson, personal fees from Pfizer, personal fees from Portola, personal fees from Medscape, personal fees from Novartis outside the submitted work.
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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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

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

Corresponding Author’s Name
Gary Raskob

5. Manuscript Title
Edoxaban for the Treatment of Cancer-Associated Venous Thromboembolism

6. Manuscript Identifying Number (if you know it)
17-11948

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

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- Yes  
- No

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Dr. Yeo reports grants and personal fees from Daiichi Sankyo during the conduct of the study; personal fees from Bayer Healthcare, personal fees from Pfizer, personal fees from Boehringer Ingelheim, personal fees from Sanofi, and personal fees from Leo Pharma outside the submitted work.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  George
2. Surname (Last Name)  Zhang
3. Date  25-October-2017
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Gary Raskob
5. Manuscript Title  Edoxaban for the Treatment of Cancer-Associated Venous Thromboembolism
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Section 1. Identifying Information

1. Given Name (First Name)  Jeffrey
2. Surname (Last Name)  Zwicker
3. Date  24-October-2017
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