

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Toru

2. Surname (Last Name)  
Odate

3. Date  
10-May-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Tetsuo Kondo

5. Manuscript Title  
Genetic differences in follicular thyroid carcinoma between Asian and Western countries: a systematic review

6. Manuscript Identifying Number (if you know it)  
GS-2019-CATP-06(GS-20-356)

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
JSPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

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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. Odate reports grants from JSPS, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Naoki	2. Surname (Last Name) Oishi	3. Date 09-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tetsuo Kondo
5. Manuscript Title Genetic differences in follicular thyroid carcinoma between Asian and Western countries: a systematic review		
6. Manuscript Identifying Number (if you know it) GS-2019-CATP-06(GS-20-356)		

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Dr. Oishi has nothing to disclose.

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1. Given Name (First Name) Huy	2. Surname (Last Name) Vuong	3. Date 09-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tetsuo Kondo
5. Manuscript Title Genetic differences in follicular thyroid carcinoma between Asian and Western countries: a systematic review		
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Dr. Vuong has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Kunio	2. Surname (Last Name) Mochizuki	3. Date 10-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tetsuo Kondo
5. Manuscript Title Genetic differences in follicular thyroid carcinoma between Asian and Western countries: a systematic review		
6. Manuscript Identifying Number (if you know it) GS-2019-CATP-06		

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Dr. Mochizuki has nothing to disclose.

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Tetsuo

2. Surname (Last Name)

Kondo

3. Date

09-May-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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