

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Hae jun

2. Surname (Last Name)
Lee

3. Date
30-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Seok-Mo Kim

5. Manuscript Title
Long-term Survival of Patients with Anaplastic Thyroid Cancer After Multimodal Treatment

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Seok-Mo

2. Surname (Last Name)
Kim

3. Date
30-July-2020

4. Are you the corresponding author? Yes No

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Section 1. Identifying Information

1. Given Name (First Name) Ho-jin	2. Surname (Last Name) Chang	3. Date 30-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Seok-Mo Kim
5. Manuscript Title Long-term Survival of Patients with Anaplastic Thyroid Cancer After Multimodal Treatment		
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Cheong Soo

2. Surname (Last Name)
Park

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1. Given Name (First Name) Hang-Seok	2. Surname (Last Name) Chang	3. Date 30-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Seok-Mo Kim
5. Manuscript Title Long-term Survival of Patients with Anaplastic Thyroid Cancer After Multimodal Treatment		
6. Manuscript Identifying Number (if you know it)		

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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.)?

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Dr. Chang has nothing disclosure

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