

ICMJE DISCLOSURE FORM

Date: 3/8/2022

Your Name: Soon Min Choi

Manuscript Title: Thyroid Lobectomy is Sufficient for Differentiated Thyroid Cancer With Upgraded risk After Surgery

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Date: 3/8/2022

Your Name: Dong Gyu Kim

Manuscript Title: Thyroid Lobectomy is Sufficient for Differentiated Thyroid Cancer With Upgraded risk After Surgery

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Date: 3/8/2022

Your Name: Ji-Eun Lee

Manuscript Title: Thyroid Lobectomy is Sufficient for Differentiated Thyroid Cancer With Upgraded risk After Surgery

Manuscript Number (if known): Click or tap here to enter text.

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Date: 3/8/2022

Your Name: Joon Ho

Manuscript Title: Thyroid Lobectomy is Sufficient for Differentiated Thyroid Cancer With Upgraded risk After Surgery

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Date: 3/8/2022

Your Name: Jin Kyong Kim

Manuscript Title: Thyroid Lobectomy is Sufficient for Differentiated Thyroid Cancer With Upgraded risk After Surgery

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Your Name: Cho Rok Lee

Manuscript Title: Thyroid Lobectomy is Sufficient for Differentiated Thyroid Cancer With Upgraded risk After Surgery

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ICMJE DISCLOSURE FORM

Date: 3/8/2022

Your Name: Sang-Wook Kang

Manuscript Title: Thyroid Lobectomy is Sufficient for Differentiated Thyroid Cancer With Upgraded risk After Surgery

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 3/8/2022

Your Name: Jandee Lee

Manuscript Title: Thyroid Lobectomy is Sufficient for Differentiated Thyroid Cancer With Upgraded risk After Surgery

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 3/8/2022

Your Name: Jong Ju Jeong

Manuscript Title: Thyroid Lobectomy is Sufficient for Differentiated Thyroid Cancer With Upgraded risk After Surgery

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 3/8/2022

Your Name: Woong Youn Chung

Manuscript Title: Thyroid Lobectomy is Sufficient for Differentiated Thyroid Cancer With Upgraded risk After Surgery

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJJE DISCLOSURE FORM

Date: 3/8/2022

Your Name: Kee-Hyun Nam

Manuscript Title: Thyroid Lobectomy is Sufficient for Differentiated Thyroid Cancer With Upgraded risk After Surgery

Manuscript Number (if known): [Click or tap here to enter text.](#)

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1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							Click the tab key to add additional rows.
Time frame: past 36 months								
2 Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.