

## ICMJE DISCLOSURE FORM

**Date:** 5/23/2023

**Your Name:** Edith Norela Benitez Escobar

**Manuscript Title:** **First report of tumor lysis syndrome after third line systemic therapy with gemcitabine and pazopanib in a patient with high-grade soft tissue sarcoma of the left lower limb: A case report.**

**Manuscript Number (if known):** CCO-22-111-CL

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**Your Name:** Duván Arley Galindes Casanova

**Manuscript Title:** First report of tumor lysis syndrome after third line systemic therapy with gemcitabine and pazopanib in a patient with high-grade soft tissue sarcoma of the left lower limb: A case report.

**Manuscript Number (if known):** CCO-22-111-CL

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<b>Time frame: Since the initial planning of the work</b>		
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<b>Time frame: past 36 months</b>		
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> </div>
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> </div>



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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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.

## ICMJE DISCLOSURE FORM

**Date:** 5/23/2023

**Your Name:** Santiago Leandro Escobar Dávila

**Manuscript Title:** **First report of tumor lysis syndrome after third line systemic therapy with gemcitabine and pazopanib in a patient with high-grade soft tissue sarcoma of the left lower limb: A case report.**

**Manuscript Number (if known):** CCO-22-111-CL

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# ICMJE DISCLOSURE FORM

**Date:** 5/23/2023

**Your Name:** Giovanna Patricia Rivas Tafurt

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