

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hyeong Dong	2. Surname (Last Name) Yuk	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ja Hyeon Ku
5. Manuscript Title urvival benefit of neoadjuvant chemotherapy in pathologic T2N0 or lower urothelial carcinoma patients: evidence to support the use of neoadjuvant chemotherapy		
6. Manuscript Identifying Number (if you know it) TAU-19-705		

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Dr. Yuk has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Chang Wook	2. Surname (Last Name) Jeong	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ja Hyeon Ku
5. Manuscript Title urvival benefit of neoadjuvant chemotherapy in pathologic T2N0 or lower urothelial carcinoma patients: evidence to support the use of neoadjuvant chemotherapy		
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Dr. Jeong has nothing to disclose.

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1. Given Name (First Name) Cheol	2. Surname (Last Name) Kwak	3. Date 24-March-2020
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5. Manuscript Title urvival benefit of neoadjuvant chemotherapy in pathologic T2N0 or lower urothelial carcinoma patients: evidence to support the use of neoadjuvant chemotherapy		
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Section 1. Identifying Information

1. Given Name (First Name)
Hyeon Hoe

2. Surname (Last Name)
kim

3. Date
24-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ja Hyeon Ku

5. Manuscript Title
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