

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Mikito

2. Surname (Last Name)

Suzuki

3. Date

08-April-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Tomoyuki Hishida

5. Manuscript Title

WT1 peptide-based immunotherapy for refractory thymic epithelial malignancies

6. Manuscript Identifying Number (if you know it)

MED-19-27

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Suzuki has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Tomoyuki

2. Surname (Last Name)
Hishida

3. Date
08-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
WT1 peptide-based immunotherapy for refractory thymic epithelial malignancies

6. Manuscript Identifying Number (if you know it)
MED-19-27

Section 2. The Work Under Consideration for Publication

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Dr. Hishida has nothing to disclose.

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1. Given Name (First Name)

Keisuke

2. Surname (Last Name)

Asakura

3. Date

08-April-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Tomoyuki Hishida

5. Manuscript Title

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1. Given Name (First Name) Hisao	2. Surname (Last Name) Asamura	3. Date 08-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tomoyuki Hishida
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