

## ICMJE DISCLOSURE FORM

**Date:** August 06, 2023

**Your Name:** Jaeyeon Jang

**Manuscript Title:** Effect of HER2 overexpression in metastatic colorectal cancer on standard chemotherapy outcomes

**Manuscript number (if known):** JGO-23-375-CL

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

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.

## ICMJE DISCLOSURE FORM

**Date:** August 06, 2023

**Your Name:** Youngkyung Jeon

**Manuscript Title:** Effect of HER2 overexpression in metastatic colorectal cancer on standard chemotherapy outcomes

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## ICMJE DISCLOSURE FORM

Date: August 06, 2023

Your Name: Sun Young Jeong

Manuscript Title: Effect of HER2 overexpression in metastatic colorectal cancer on standard chemotherapy outcomes

Manuscript number (if known): JGO-23-375-CL

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## ICMJE DISCLOSURE FORM

**Date:** August 06, 2023

**Your Name:** Sung Hee Lim

**Manuscript Title:** Effect of HER2 overexpression in metastatic colorectal cancer on standard chemotherapy outcomes

**Manuscript number (if known):** JGO-23-375-CL

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## ICMJE DISCLOSURE FORM

Date: August 06, 2023

Your Name: Young Suk Park

Manuscript Title: Effect of HER2 overexpression in metastatic colorectal cancer on standard chemotherapy outcomes

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## ICMJE DISCLOSURE FORM

**Date:** August 06, 2023

**Your Name:** Ho Yeong Lim

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Your Name: Jeeyun Lee

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## ICMJE DISCLOSURE FORM

**Date:** August 06, 2023

**Your Name:** Seung Tae Kim

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