

ICMJE DISCLOSURE FORM

Date: 5/19/2022
 Your Name: Mariko Aoyama
 Manuscript Title: Abscopal effect in a patient with solitary extramedullary plasmacytoma of the thyroid
 Manuscript number (if known): _____

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: 5/19/2022
 Your Name: Takashi Shono
 Manuscript Title: Abscopal effect in a patient with solitary extramedullary plasmacytoma of the thyroid
 Manuscript number (if known): _____

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Date: 5/19/2022
 Your Name: Tomohiro Inui
 Manuscript Title: Abscopal effect in a patient with solitary extramedullary plasmacytoma of the thyroid
 Manuscript number (if known): _____

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Date: 5/19/2022
 Your Name: Naoki Miyamoto
 Manuscript Title: Abscopal effect in a patient with solitary extramedullary plasmacytoma of the thyroid
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Date: 5/19/2022
 Your Name: Shinichi Sakamoto
 Manuscript Title: Abscopal effect in a patient with solitary extramedullary plasmacytoma of the thyroid
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Date: 5/19/2022
 Your Name: Seiya Inoue
 Manuscript Title: Abscopal effect in a patient with solitary extramedullary plasmacytoma of the thyroid
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 Your Name: Satoshi Fujiwara
 Manuscript Title: Abscopal effect in a patient with solitary extramedullary plasmacytoma of the thyroid
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 Your Name: Masakazu Goto
 Manuscript Title: Abscopal effect in a patient with solitary extramedullary plasmacytoma of the thyroid
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Date: 5/19/2022
 Your Name: Hiroaki Toba
 Manuscript Title: Abscopal effect in a patient with solitary extramedullary plasmacytoma of the thyroid
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