

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) Wei-Jun	2. Surname (Last Name) Wang	3. Date 01-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Long-Sheng Lu
5. Manuscript Title Combining hypofractionated radiation therapy with immunotherapy for anorectal malignant melanoma: a case report		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kuan-Der

2. Surname (Last Name)
Lee

3. Date
01-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Long-Sheng Lu

5. Manuscript Title
Combining hypofractionated radiation therapy with immunotherapy for anorectal malignant melanoma: a case report

6. Manuscript Identifying Number (if you know it)

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Dr. Lee has nothing to disclose.

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1. Given Name (First Name) Wei-Yu	2. Surname (Last Name) Chen	3. Date 01-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Long-Sheng Lu
5. Manuscript Title Combining hypofractionated radiation therapy with immunotherapy for anorectal malignant melanoma: a case report		
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Section 1. Identifying Information

1. Given Name (First Name) Jeng-Fong	2. Surname (Last Name) Chiou	3. Date 01-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Long-Sheng Lu
5. Manuscript Title Combining hypofractionated radiation therapy with immunotherapy for anorectal malignant melanoma: a case report		
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Long-Sheng

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Lu

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01-December-2019

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5. Manuscript Title
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