

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) Jacob	2. Surname (Last Name) Adashek	3. Date 10-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philippe E. Spiess
5. Manuscript Title The role of metastasectomy in the treatment of metastatic renal cell carcinoma		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Baldini has nothing to disclose. Dr. Adashek has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Ahmet

2. Surname (Last Name)
Aydin

3. Date
10-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Philippe E. Spiess

5. Manuscript Title
The role of metastasectomy in the treatment of metastatic renal cell carcinoma

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Patricia

2. Surname (Last Name)

Kim

3. Date

10-June-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Philippe E. Spiess

5. Manuscript Title

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