

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)
Samuel

2. Surname (Last Name)
Antoine

3. Date
20-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Management of Locally Advanced Renal Cell Carcinoma

6. Manuscript Identifying Number (if you know it)
AMJ-2020-SMGM-06(AMJ-20-79)

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Dr. Antoine has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Zachary

2. Surname (Last Name)

Pfeifer

3. Date

19-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Samuel Antoine

5. Manuscript Title

Management of Locally Advanced Renal Cell Carcinoma

6. Manuscript Identifying Number (if you know it)

AMJ-2020-SMGM-06(AMJ-20-79)

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Dr. Pfeifer has nothing to disclose.

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1. Given Name (First Name)

Adam

2. Surname (Last Name)

Carroll

3. Date

19-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Samuel Antoine

5. Manuscript Title

Management of Locally Advanced Renal Cell Carcinoma

6. Manuscript Identifying Number (if you know it)

AMJ-2020-SMGM-06(AMJ-20-79)

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Section 1. Identifying Information

1. Given Name (First Name)

T. Brett

2. Surname (Last Name)

Reece

3. Date

22-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Samuel G. Antoine

5. Manuscript Title

Management of Locally Advanced Renal Cell Carcinoma

6. Manuscript Identifying Number (if you know it)

AMJ-2020-SMGM-06(AMJ-20-79)

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Section 1. Identifying Information

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Granville

2. Surname (Last Name)

Lloyd

3. Date

19-April-2020

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Yes No

Corresponding Author's Name

Samuel G. Antoine

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