ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Yi-Ying</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Pan</td>
</tr>
<tr>
<td>3. Date</td>
<td>14-April-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Yi-Wei Chen

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
TRO-20-10

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## Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Pan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Shan-Fan
2. Surname (Last Name)  Yao
3. Date  14-April-2020
4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name
Yi-Wei Chen

5. Manuscript Title
Boron Neutron Capture Therapy as Salvage Treatment for Recurrent Papillary Thyroid Carcinoma—A Case Report

6. Manuscript Identifying Number (if you know it)
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Dr. Yao has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Ko-Han

2. **Surname (Last Name)**
   - Lin

3. **Date**
   - 14-April-2020

4. Are you the corresponding author?  
   - Yes [ ]  
   - No [x]

   **Corresponding Author’s Name**
   - Yi-Wei Chen

5. **Manuscript Title**
   - Boron Neutron Capture Therapy as Salvage Treatment for Recurrent Papillary Thyroid Carcinoma—A Case Report

6. **Manuscript Identifying Number (if you know it)**
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- No [x]

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Dr. Lin has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Fong-In

2. Surname (Last Name)  
   Chou

3. Date  
   14-April-2020

4. Are you the corresponding author?  
   ☑ Yes  ❌ No  
   Corresponding Author’s Name  
   Yi-Wei Chen

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Dr. Chou has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Jia-Cheng

2. Surname (Last Name)  
   Lee

3. Date  
   14-April-2020

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   ☑ No  
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   Yi-Wei Chen

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Dr. Lee has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Shyh-Kuan
2. Surname (Last Name)  Tai
3. Date  14-April-2020
4. Are you the corresponding author?  No
5. Manuscript Title
   Boron Neutron Capture Therapy as Salvage Treatment for Recurrent Papillary Thyroid Carcinoma—A Case Report

6. Manuscript Identifying Number (if you know it)
   TRO-20-10

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  No

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Are there any relevant conflicts of interest?  No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Tai has nothing to disclose.

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Huang
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Wen-Sheng

2. Surname (Last Name)  
   Huang

3. Date  
   14-April-2020

4. Are you the corresponding author?  
   ☐ Yes  ❑ No

   Corresponding Author’s Name  
   Yi-Wei Chen

5. Manuscript Title  
   Boron Neutron Capture Therapy as Salvage Treatment for Recurrent Papillary Thyroid Carcinoma—A Case Report

6. Manuscript Identifying Number (if you know it)  
   TRO-20-10

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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   ☐ Yes  ❑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☐ Yes  ❑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Huang has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Keng-Li

2. Surname (Last Name)  
   Lan

3. Date  
   14-April-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Yi-Wei Chen

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   TRO-20-10

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Dr. Lan has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Yee

2. **Surname (Last Name)**
   - Chao

3. **Date**
   - 14-April-2020

4. **Are you the corresponding author?**
   - Yes

   **Corresponding Author’s Name**
   - Yi-Wei Chen

5. **Manuscript Title**
   - Boron Neutron Capture Therapy as Salvage Treatment for Recurrent Papillary Thyroid Carcinoma—A Case Report

6. **Manuscript Identifying Number (if you know it)**
   - TRO-20-10

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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   - Yes  ✔  No

## Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Chao has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yi-Wei
2. Surname (Last Name) Chen
3. Date 14-April-2020
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title Boron Neutron Capture Therapy as Salvage Treatment for Recurrent Papillary Thyroid Carcinoma—A Case Report
6. Manuscript Identifying Number (if you know it) TRO-20-10

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Dr. Chen has nothing to disclose.

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