ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Kaori

2. Surname (Last Name)  
   Terata

3. Date  
   19-May-2020

4. Are you the corresponding author?  
   ✔ Yes   No

5. Manuscript Title  
   Loco-regional therapy for isolated locoregional lymph node recurrence of breast cancer: focusing on surgical treatment with combined therapy

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

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<tr>
<td>Ayuko</td>
<td>Yamaguchi</td>
<td>19-May-2020</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  

   Corresponding Author’s Name  
   Kaori Terata

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Dr. Yamaguchi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Ayano

2. Surname (Last Name)  
Ibonai

3. Date  
19-May-2020

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

Corresponding Author’s Name  
Kaori Terata

5. Manuscript Title
Loco-regional therapy for isolated locoregional lymph node recurrence of breast cancer: focusing on surgical treatment with combined therapy

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Kazuhiro

2. Surname (Last Name)  
Imai

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Corresponding Author’s Name  
Kaori Terata

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<td>Wakita</td>
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Corresponding Author’s Name

Kaori Terata

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Dr. Wakita has nothing to disclose.

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1. Given Name (First Name)  
Yusuke

2. Surname (Last Name)  
Sato

3. Date  
19-May-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Kaori Terata

5. Manuscript Title  
Loco-regional therapy for isolated locoregional lymph node recurrence of breast cancer: focusing on surgical treatment with combined therapy

6. Manuscript Identifying Number (if you know it)  
TCR-2020-MBC-12(TCR-20-1690A)

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Are there any relevant conflicts of interest?  
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Sato has nothing to disclose.

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1. Identifying information.
2. The work under consideration for publication.
   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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1. Given Name (First Name)  
Satoru

2. Surname (Last Name)  
Motoyama

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19-May-2020

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☑ No

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Kaori Terata

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<td>Minamiya</td>
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