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.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Sook Jung

2. Surname (Last Name)  
   Yun

3. Date  
   21-May-2020

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

Corresponding Author’s Name  
In-Jae Oh

5. Manuscript Title  
   Vitiligo-like Depigmentation after Pembrolizumab Treatment in Patients with Non-small Cell Lung Cancer: A Case Report

6. Manuscript Identifying Number (if you know it)  
   TLCR-20-386

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

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Yun has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) In-Jae
2. Surname (Last Name) Oh
3. Date 21-May-2020
4. Are you the corresponding author? Yes  No

5. Manuscript Title
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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|-------------------------|---------|
| Cheol Kyu                  | Park                    | 21-May-2020 |

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

Corresponding Author’s Name  
In-Jae Oh

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Dr. Park has nothing to disclose.

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## Identifying Information

1. Given Name (First Name)  
   Young-Chul

2. Surname (Last Name)  
   Kim

3. Date  
   21-May-2020

4. Are you the corresponding author?  
   - No

   Corresponding Author’s Name  
   In-Jae Oh

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Dr. Kim has nothing to disclose.

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   Hyeon Bin

2. Surname (Last Name)  
   Kim

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**Royalties:** Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Identifying Information

1. Given Name (First Name)  
   Hee-Kyung  
2. Surname (Last Name)  
   Kim  
3. Date  
   21-May-2020  
4. Are you the corresponding author?  
   Yes  
   No  
   ✔️  
5. Manuscript Title  
   Vitiligo-like Depigmentation after Pembrolizumab Treatment in Patients with Non-small Cell Lung Cancer: A Case Report  
6. Manuscript Identifying Number (if you know it)  
   TLCR-20-386  

---

## The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  

[ ] Yes  
[ ] No  

---

## Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  

[ ] Yes  
[ ] No  

---

## 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

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. Kim has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
A Ram

2. Surname (Last Name)  
Hong

3. Date  
21-May-2020

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

Corresponding Author’s Name  
In-Jae Oh

5. Manuscript Title  
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Dr. Hong has nothing to disclose.

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1. Given Name (First Name)  
   In-Young

2. Surname (Last Name)  
   Kim

3. Date  
   21-May-2020

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

Corresponding Author’s Name  
In-Jae Oh

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|   |   |   |
|---|---|---|
| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
| Sung-Ja | Ahn | 21-May-2020 |
| 4. Are you the corresponding author? |   | ✔ |
|   | Yes | No |
|   |   |   |
|   | Corresponding Author’s Name | In-Jae Oh |
| 5. Manuscript Title |   |   |
| Vitiligo-like Depigmentation after Pembrolizumab Treatment in Patients with Non-small Cell Lung Cancer: A Case Report |
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**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  ✔

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Dr. Ahn has nothing to disclose.

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1. Given Name (First Name)  
   Kook-Joo

2. Surname (Last Name)  
   Na

3. Date  
   21-May-2020

4. Are you the corresponding author?  
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   Corresponding Author's Name  
   In-Jae Oh

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Dr. Na has nothing to disclose.

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   Choi

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Choi has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.