ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Identifying information.

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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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**Other**: Anything not covered under the previous three boxes

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**Issued**: The patent has been issued by the agency

**Licensed**: The patent has been licensed to an entity, whether earning royalties or not

**Royalties**: Funds are coming in to you or your institution due to your patent
## Section 1. Identifying Information

1. Given Name (First Name)  
   Ben

2. Surname (Last Name)  
   Kang

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

3. Date  
   05-March-2021

Corresponding Author’s Name
Byung-Ho Choe / Ji-Hyuk Lee

5. Manuscript Title  
   Case Report of Juvenile Polyposis/Hereditary Hemorrhagic Telangiectasia Syndrome: First Report in Korea with a Novel Mutation in the SMAD4 gene

6. Manuscript Identifying Number (if you know it)  
   TP-21-12

## Section 2. 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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|--------|----------------|------------------------|--------|----------|
| National Research Foundation of Korea (NRF) funded by the Korean government (MSIT) | ✔ | | | | |

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
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## Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement
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Dr. Kang reports grants from National Research Foundation of Korea (NRF) funded by the Korean government (MSIT), during the conduct of the study.

Evaluation and Feedback
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### Section 1. Identifying Information

1. **Given Name (First Name)** Su-Kyeong
2. **Surname (Last Name)** Hwang
3. **Date** 08-March-2021
4. **Are you the corresponding author?** Yes ☑ No
5. **Manuscript Title**
   Case Report of Juvenile Polyposis/Hereditary Hemorrhagic Telangiectasia Syndrome: First Report in Korea with a Novel Mutation in the SMAD4 gene
6. **Manuscript Identifying Number (if you know it)** TP-21-12

**Corresponding Author’s Name**
Byung-Ho Choe / Ji-Hyuk Lee

### Section 2. The Work Under Consideration for Publication

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

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Dr. Hwang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Sujin
2. Surname (Last Name)  Choi
3. Date  05-March-2021
4. Are you the corresponding author?  ❑ Yes  ✔ No

Corresponding Author's Name  Byung-Ho Choe / Ji-Hyuk Lee

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

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Eun Soo

2. Surname (Last Name)  
   Kim

3. Date  
   24-February-2021

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

Corresponding Author's Name  
Byung-Ho Choe / Ji-Hyuk Lee

5. Manuscript Title  
   Case Report of Juvenile Polyposis/Hereditary Hemorrhagic Telangiectasia Syndrome: First Report in Korea with a Novel Mutation in the SMAD4 gene

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Dr. Kim has nothing to disclose.

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Lee
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sang Yub
2. Surname (Last Name) Lee
3. Date 08-March-2021
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Corresponding Author's Name
Byung-Ho Choe / Ji-Hyuk Lee

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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

## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| Chang-Seok                | Ki                     | 23-February-2021 |

4. Are you the corresponding author?  
   ✔ Yes  
   No

Corresponding Author’s Name  
Byung-Ho Choe / Ji-Hyuk Lee

5. Manuscript Title  
Case Report of Juvenile Polyposis/Hereditary Hemorrhagic Telangiectasia Syndrome: First Report in Korea with a Novel Mutation in the SMAD4 gene

6. Manuscript Identifying Number (if you know it)  
TP-21-12

## Section 2. 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

## Section 3. Relevant financial activities outside the submitted work.

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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
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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. Ki 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) | 2. Surname (Last Name) | 3. Date               |
|----------------------------|------------------------|-----------------------|
| Eun-Hae                    | Cho                    | 08-March-2021         |

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

Corresponding Author's Name  
Byung-Ho Choe / Ji-Hyuk Lee

5. Manuscript Title  
Case Report of Juvenile Polyposis/Hereditary Hemorrhagic Telangiectasia Syndrome: First Report in Korea with a Novel Mutation in the SMAD4 gene

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- [x] No

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- [x] No

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Dr. Cho has nothing to disclose.

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## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| Ji-Hyuk                    | Lee                    | 23-February-2021 |

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

5. Manuscript Title  
   Case Report of Juvenile Polyposis/Hereditary Hemorrhagic Telangiectasia Syndrome: First Report in Korea with a Novel Mutation in the SMAD4 gene

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Choe
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Byung-Ho
2. Surname (Last Name)  Choe
3. Date  24-February-2021
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
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