ICMJE DISCLOSURE FORM

Date:__Aug. 30, 2021_____
Your Name:___J. Hun Hah_____
Manuscript Title: NTRK- and RET-fusion-directed therapy in pediatric thyroid cancer yields a tumor response and radioiodine uptake
Manuscript number (if known):____144847-JCI-CMED__

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
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9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_ None	
13	Other financial or non-financial interests	_X_ None	

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_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.