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Pan Huang, Science Editor
Science Editor Office, World Journal of Clinical Oncology

Manuscript NO: 59217

Title: Anthracycline-induced cardiotoxicity: A case report of unexpected course and review of literatures

Authors List: Esther G Chong, Eric Lee, Reena Sail, Laura Denham, Gayathri Nagaraj, Chung-Tsen Hsueh

Dear Pan Huang,

We have obtained permission from patient's father to publish this case report due to patient has passed away. Attached please see the telephone consent.

Sincerely,

A handwritten signature in black ink, appearing to read "Chung-Tsen Hsueh".

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CONSENT FORM FOR CASE REPORTS¹

For a patient's consent to publication of information about them in a journal or thesis

Name of person described in article or shown in photograph: _____

Subject matter of photograph or article: Case report

Title of article: Anthracycline induced ^{cardio} toxicity: methods and measures to help guide care for practitioners

Medical practitioner or corresponding author: Eric Lee

I _____ (father) [insert full name] give my consent for this information about MYSELF OR MY CHILD OR WARD/MY RELATIVE [insert full name]: _____, relating to the subject matter above ("the Information") to appear in a journal article, or to be used for the purpose of a thesis or presentation.

I understand the following:

1. The Information will be published without my name/child's name/relatives name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me/my child/relative, if I was in hospital, or a relative - may identify me.
2. The Information may be published in a journal which is read worldwide or an online journal. Journals are aimed mainly at health care professionals but may be seen by many non-doctors, including journalists.
3. The Information may be placed on a website.
4. I can withdraw my consent at any time before online publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.

Signed: Obtained via telephone Date: 12/20/2018

Signature of requesting medical practitioner/health care worker:

_____ Date: 12/20/18

Witness: _____ 12/20/18

¹ Adapted from *BMJ Case Reports* consent form.