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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Prabhu
2. Surname (Last Name)    Sasankan
3. Date                    23-April-2020
4. Are you the corresponding author? ✓ No
   Corresponding Author’s Name
   Travis C Geraci, MD
5. Manuscript Title
   Pulmonary Resection after Immunotherapy
6. Manuscript Identifying Number (if you know it)
   JOVS-2019-ARATS-03(JOVS-19-188)

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Are there any relevant conflicts of interest? ✓ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ✓ No
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Dr. Sasankan has nothing to disclose.

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<tr>
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<tbody>
<tr>
<td>Jonathan</td>
<td>Hyde</td>
<td>23-April-2020</td>
</tr>
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</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   
   Corresponding Author’s Name: Travis Geraci

5. Manuscript Title  
   Pulmonary Resection after Immunotherapy

6. Manuscript Identifying Number (if you know it)  
   JOVS-2019-ARATS-03(JOVS-19-188)

## Section 2. The Work Under Consideration for Publication

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Dr. Hyde has nothing to disclose.

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<tbody>
<tr>
<td>Simeng</td>
<td>Wang</td>
<td>23-April-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Travis Geraci

5. Manuscript Title
Pulmonary Resection after Immunotherapy

6. Manuscript Identifying Number (if you know it)
JOVS-2019-ARATS-03(JOVS-19-188)

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Travis
2. Surname (Last Name)  Geraci
3. Date  24-April-2020
4. Are you the corresponding author?  Yes ✔  No

5. Manuscript Title
   Pulmonary Resection after Immunotherapy

6. Manuscript Identifying Number (if you know it)
   JOVS-2019-ARATS-03(JOVS-19-188)

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Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)  Cerfolio
3. Date  17-April-2020
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title  Pulmonary Resection after Immunotherapy
6. Manuscript Identifying Number (if you know it)  JOVS-2019-ARATS-03(JOVS-19-188)

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