

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Prabhu	2. Surname (Last Name) Sasankan	3. Date 23-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		

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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sasankan 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) Jonathan	2. Surname (Last Name) Hyde	3. Date 23-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Are there any relevant conflicts of interest? Yes No

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Dr. Hyde has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Simeng	2. Surname (Last Name) Wang	3. Date 23-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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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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