

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

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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) Christopher	2. Surname (Last Name) Larisch	3. Date 27-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Prof. Dr. Michael Ried
5. Manuscript Title Assessment of concentration and penetration depth of cisplatin in human lung tissue after decortication and hyperthermic exposure		
6. Manuscript Identifying Number (if you know it) ATM-2020-HITHOC-05(ATM-20-6307)		

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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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Mr. Larisch has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Till	2. Surname (Last Name) Markowiak	3. Date 28-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Prof. Dr. Michael Ried
5. Manuscript Title Assessment of concentration and penetration depth of cisplatin in human lung tissue after decortication and hyperthermic exposure		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Markowiak 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) Elena	2. Surname (Last Name) Loch	3. Date 28-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Prof. Dr. Michael Ried
5. Manuscript Title Assessment of concentration and penetration depth of cisplatin in human lung tissue after decortication and hyperthermic exposure		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Loch 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) Christian	2. Surname (Last Name) Großer	3. Date 14-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Prof. Dr. Michael Ried
5. Manuscript Title Assessment of concentration and penetration depth of cisplatin in human lung tissue after decortication and hyperthermic exposure		
6. Manuscript Identifying Number (if you know it) ATM-2020-HITHOC-05(ATM-20-6307)		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Großer has nothing to disclose.

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1. Given Name (First Name) Patrick	2. Surname (Last Name) Bednarski	3. Date 03-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael Ried
5. Manuscript Title Assessment of concentration and penetration depth of cisplatin in human lung tissue after decortication and hyperthermic exposure		
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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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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) Karolina	2. Surname (Last Name) Müller	3. Date 03-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Prof. Dr. Michael Ried
5. Manuscript Title Assessment of concentration and penetration depth of cisplatin in human lung tissue after decortication and hyperthermic exposure		
6. Manuscript Identifying Number (if you know it) ATM-2020-HITHOC-05(ATM-20-6307)		

### 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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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? ☐ 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

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Mrs Müller has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hans-Stefan	2. Surname (Last Name) Hofmann	3. Date 17-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Prof. Dr. Michael Ried
5. Manuscript Title Assessment of concentration and penetration depth of cisplatin in human lung tissue after decortication and hyperthermic exposure		
6. Manuscript Identifying Number (if you know it) ATM-2020-HITHOC-05(ATM-20-6307)		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Hofmann 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) Michael	2. Surname (Last Name) Ried	3. Date 28-July-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Assessment of concentration and penetration depth of cisplatin in human lung tissue after decortication and hyperthermic exposure		
6. Manuscript Identifying Number (if you know it) ATM-2020-HITHOC-05(ATM-20-6307)		

### 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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### 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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Dr. Ried has nothing to disclose.

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