

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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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.

5. Relationships not covered above.

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Section 1. Identifying Information

1. Given Name (First Name) Amaia	2. Surname (Last Name) Ojanguren	3. Date 05-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karenovics, Wolfram
5. Manuscript Title Laser pulmonary metastasectomy by video-assisted thoracic surgery		
6. Manuscript Identifying Number (if you know it) JOVS-2019-ASTPM-03		

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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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

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Dr. Ojanguren has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Wolfram

2. Surname (Last Name)
Karenovics

3. Date
05-March-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Laser pulmonary metastasectomy by video-assisted thoracic surgery"

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Karenovics has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sandrine	2. Surname (Last Name) Dackam	3. Date 05-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Karenovics
5. Manuscript Title Laser pulmonary metastasectomy by video-assisted thoracic surgery		
6. Manuscript Identifying Number (if you know it)		

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Dr. Dackam has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Marco Stefano	2. Surname (Last Name) Demarchi	3. Date 05-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wolfram Karenovics
5. Manuscript Title Laser pulmonary metastasectomy by video-assisted thoracic surgery		
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Section 1. Identifying Information

1. Given Name (First Name)
Frederic

2. Surname (Last Name)
Triponez

3. Date
05-March-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Wolfram Karenovics

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker / Novadaq	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel fees
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel + consulting fees

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Dr. Triponez reports personal fees from Stryker / Novadaq, personal fees from Medtronic, outside the submitted work; .

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