

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Samantha

2. Surname (Last Name)
Sigurdson

3. Date
19-July-2018

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Case presentations and recommendations from the October 2017 ITMIG tumor board: an international multidisciplinary team

6. Manuscript Identifying Number (if you know it)
MED-18-67

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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Dr. Sigurdson has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Edith	2. Surname (Last Name) Marom	3. Date 19-July-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sigurdson, Samantha
5. Manuscript Title Case presentations and recommendations from the October 2017 ITMIG tumor board: an international multidisciplinary		
6. Manuscript Identifying Number (if you know it) MED-18-67		

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bristol-Meyers Squibb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	honorarium for a lecture
Boehringer Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	honorarium for a lecture
Merck Sharp and Dohme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	honorarium for a lecture

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Dr. Marom reports other from Bristol-Meyers Squibb, other from Boehringer Ingelheim, other from Merck Sharp and Dohme; outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)
Anja

2. Surname (Last Name)
Roden

3. Date
19-July-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Samantha Sigurdson

5. Manuscript Title
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MED-18-67

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1. Given Name (First Name)
Frank

2. Surname (Last Name)
Detterbeck

3. Date
19-July-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Samantha Sigurdson

5. Manuscript Title
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Conrad

2. Surname (Last Name)
Falkson

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☐ Yes ☒ No

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