

ICMJE DISCLOSURE FORM

Date: 08/03/22

Your Name: Erica Pietroluongo

Manuscript Title: Multidisciplinary approach for rare thoracic tumors during COVID-19 pandemic

Manuscript number (if known):MED-21-47

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> <u> </u> <u> </u> X <u> </u> None	
6	Payment for expert testimony	<u> </u> <u> </u> <u> </u> X <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> <u> </u> <u> </u> X <u> </u> None	
8	Patents planned, issued or pending	<u> </u> <u> </u> <u> </u> X <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> <u> </u> <u> </u> X <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> <u> </u> <u> </u> X <u> </u> None	
11	Stock or stock options	<u> </u> <u> </u> <u> </u> X <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> <u> </u> <u> </u> X <u> </u> None	
13	Other financial or non-financial interests	<u> </u> <u> </u> <u> </u> X <u> </u> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 08/03/22

Your Name: Pietro De Placido

Manuscript Title: Multidisciplinary approach for rare thoracic tumors during COVID-19 pandemic

Manuscript number (if known):MED-21-47

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6	Payment for expert testimony	<u> </u> <u> </u> X <u> </u> None	
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8	Patents planned, issued or pending	<u> </u> <u> </u> X <u> </u> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> <u> </u> X <u> </u> None	
11	Stock or stock options	<u> </u> <u> </u> X <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> <u> </u> X <u> </u> None	
13	Other financial or non-financial interests	<u> </u> <u> </u> X <u> </u> None	

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None.

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ICMJE DISCLOSURE FORM

Date: 09/03/2022

Your Name: Fernanda Picozzi

Manuscript Title: Multidisciplinary approach for rare thoracic tumors during COVID-19 pandemic

Manuscript number (if known): MED-21-47

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	AstraZeneca	Personal Fees
		Pfizer	Personal Fees
		Takeda	Personal Fees
		Roche	Personal Fees
		Boehringer-Ingelheim	Personal Fees
		Takeda	Personal Fees
		MSB	Personal Fees
		BMS	Personal Fees
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Boehringer-Ingelheim	Grant
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	AMCA	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Dr. Fernanda Picozzi reports personal fees from AstraZeneca, Pfizer, Takeda, Roche, Takeda, MSB, and BMS, as well as grants and personal fees from Boehringer-Ingelheim, outside the submitted work.

Please place an "X" next to the following statement to indicate your agreement:

☒ X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 07/03/22

Your Name: Rocco Morra

Manuscript Title: Multidisciplinary approach for rare thoracic tumors during COVID-19 pandemic

Manuscript number (if known):MED-21-47

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

☒ X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 08/03/22

Your Name: Marianna Tortora

Manuscript Title: Multidisciplinary approach for rare thoracic tumors during COVID-19 pandemic

Manuscript number (if known): MED-21-47

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> <u> </u> X <u> </u> None	
6	Payment for expert testimony	<u> </u> <u> </u> X <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> <u> </u> X <u> </u> None	
8	Patents planned, issued or pending	<u> </u> <u> </u> X <u> </u> None	
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11	Stock or stock options	<u> </u> <u> </u> X <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> <u> </u> X <u> </u> None	
13	Other financial or non-financial interests	<u> </u> <u> </u> X <u> </u> None	

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ICMJE DISCLOSURE FORM

Date: 07/03/22

Your Name: Vitantonio Del Deo

Manuscript Title: Multidisciplinary approach for rare thoracic tumors during COVID-19 pandemic

Manuscript number (if known): MED-21-47

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

ICMJE DISCLOSURE FORM

Date: 08/03/22

Your Name: Liliana Montella

Manuscript Title: Multidisciplinary approach for rare thoracic tumors during COVID-19 pandemic

Manuscript number (if known): MED-21-47

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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☒ X ☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 08/03/22

Your Name: Giovannella Palmieri

Manuscript Title: Multidisciplinary approach for rare thoracic tumors during COVID-19 pandemic

Manuscript number (if known):MED-21-47

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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 17/03/22

Your Name: Antonio Riccardo Buonomo

Manuscript Title: Multidisciplinary approach for rare thoracic tumors during COVID-19 pandemic

Manuscript number (if known): MED-21-47

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Time frame: past 36 months			
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 14 March 2022

Your Name: Sabino De Placido

Manuscript Title: Multidisciplinary approach for rare thoracic tumors during COVID-19 pandemic

Manuscript number (if known): MED-2021-MGCT-05(MED-21-47)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	Celgene, Astrazeneca, Novartis, Pfizer, Roche	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Celgene, Astrazeneca, Novartis, Pfizer, Roche	
5	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
3	Patents planned, issued or pending	None	
1	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Consulting or advisory Role: Celgene, Astrazeneca, Novartis, Pfizer, Roche Speaker's Bureau: Celgene, Astrazeneca, Novartis, Pfizer, Roche

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 16/03/2022

Your Name: IVAN GENTILE

Manuscript Title: "Multidisciplinary approach for rare thoracic tumors during COVID-19 pandemic"

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Gilead	Departmental Grants
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	MSD	Personal Fees
		AbbVie	Personal Fees
		Gilead	Personal Fees
		Pfizer	Personal Fees
		GSK	Personal Fees
		SOBI	Personal Fees
		Nordic/InfectoPharm	Personal Fees
		Angelini	Personal Fees
		Abbott	Personal Fees
5	Payment or honoraria for	MSD	Personal Fees

	lectures, presentations, speakers bureaus, manuscript writing or educational events	AbbVie	Personal Fees
		Gilead	Personal Fees
		Pfizer	Personal Fees
		GSK	Personal Fees
		SOBI	Personal Fees
		Nordic/InfectoPharm	Personal Fees
		Angelini	Personal Fees
		Abbott	Personal Fees
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	Janssen	Support for attending a meeting
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	MSD	Personal Fees
		AbbVie	Personal Fees
		Gilead	Personal Fees
		Pfizer	Personal Fees
		GSK	Personal Fees
		SOBI	Personal Fees
		Nordic/InfectoPharm	Personal Fees
		Angelini	Personal Fees
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Dr. IVAN GENTILE reports personal fees from MSD, AbbVie, Gilead, Pfizer, GSK, SOBI, Nordic/Infecto Pharm, Angelini and Abbott, as well as departmental grants from Gilead and support for attending a meeting from Janssen, outside the submitted work.

Please place an "X" next to the following statement to indicate your agreement:

☒ X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 14 March 2022

Your Name: Mario Giuliano

Manuscript Title: Multidisciplinary approach for rare thoracic tumors during COVID-19 pandemic

Manuscript number (if known): MED-2021-MGCT-05(MED-21-47)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None 	
3	Royalties or licenses	<input type="checkbox"/> None 	
4	Consulting fees	Lilly, Celgene, Novartis, Pfizer	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Lilly, Celgene, Novartis, Pfizer, Istituto Gentili, Eisai Europe Ltd, Roche	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Novartis, Pfizer, Roche	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Consulting or advisory Role:
Lilly, Celgene, Novartis, Pfizer
Speaker's Bureau:
Lilly, Celgene, Novartis, Pfizer, Istituto Gentili, Eisai Europe Ltd, Roche
Travel, accomadation, expenses:
Novartis, Pfizer, Roche

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

