

## ICMJE DISCLOSURE FORM

**Date: 02 SEPTEMBER 2021**

**Your Name:** Annarita Bottini

**Manuscript Title:** Management of pulmonary metastases: a narrative review on the oncologist’s perspective

**Manuscript number (if known):** ASJ-2021-MTLM-07 (ASJ-21-81)

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.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for	X None	

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

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

The author declares no relevant conflicts of interest.

**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.**

*Annarita Bottini*

## ICMJJE DISCLOSURE FORM

**Date: 02 SEPTEMBER 2021**

**Your Name: Francesca Parisi**

**Manuscript Title: Management of pulmonary metastases: a narrative review on the oncologist’s perspective**

**Manuscript number (if known): ASJ-2021-MTLM-07 (ASJ-21-81)**

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for	X None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
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*Francesca Parisi*

## ICMJE DISCLOSURE FORM

**Date: 02 SEPTEMBER 2021**

**Your Name: Eugenia Cella**

**Manuscript Title: Management of pulmonary metastases: a narrative review on the oncologist’s perspective**

**Manuscript number (if known): ASJ-2021-MTLM-07 (ASJ-21-81)**

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for	X None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
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**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.**

*Eugenia Cella*

## ICMJE DISCLOSURE FORM

**Date: 02 SEPTEMBER 2021**

**Your Name: Gianluca Sacco**

**Manuscript Title: Management of pulmonary metastases: a narrative review on the oncologist’s perspective**

**Manuscript number (if known): ASJ-2021-MTLM-07 (ASJ-21-81)**

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for	X None	

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

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The author declares no relevant conflicts of interest.

**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.**

*Gianluca Sacco*



## ICMJE DISCLOSURE FORM

Date: 02 SEPTEMBER 2021

Your Name: CARLO GENOVA

Manuscript Title: Management of pulmonary metastases: a narrative review on the oncologist’s perspective

Manuscript number (if known): ASJ-2021-MTLM-07 (ASJ-21-81)

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Research grant from the Italian Ministry of Health (5x1000 funds); Research grant from Bristol-Myers-Squibb (CA209-828).	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astra Zeneca, Boehringer Ingelheim, Bristol-Myers-Squibb, Merck Sharp Dohme, Roche.	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Astra Zeneca, Boehringer Ingelheim, Bristol-Myers-Squibb, Merck Sharp Dohme, Roche, Takeda.	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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

The author declares the following disclosures:

- 1) Honoraria from Astra Zeneca, Boehringer Ingelheim, Bristol-Myers-Squibb, Merck Sharp Dohme, Roche.
- 2) Participation in advisory boards for Astra Zeneca, Boehringer Ingelheim, Bristol-Myers-Squibb, Merck Sharp Dohme, Roche, Takeda.
- 3) Research grants from the Italian Ministry of Health (5x1000 funds) and from Bristol-Myers-Squibb (CA209-828).

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.

A handwritten signature in black ink, appearing to read "Carl Gene". The signature is written in a cursive style with a large initial "C" and a long horizontal stroke extending to the right.