

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jack

2. Surname (Last Name)

Chan

3. Date

25-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Clare Slaney

5. Manuscript Title

Chimeric antigen receptor T cell therapies for thoracic cancers—challenges and opportunities

6. Manuscript Identifying Number (if you know it)

JTD-2019-ITM-003

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



ICMJE

INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Section 5.

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Dr. Chan 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) Aaron	2. Surname (Last Name) Harrison	3. Date 25-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Clare Slaney
5. Manuscript Title Chimeric antigen receptor T cell therapies for thoracic cancers—challenges and opportunities		
6. Manuscript Identifying Number (if you know it) JTD-2019-ITM-003		

Section 2. The Work Under Consideration for Publication

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Dr. Harrison has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Phillip	2. Surname (Last Name) Darcy	3. Date 25-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Clare Slaney
5. Manuscript Title Chimeric antigen receptor T cell therapies for thoracic cancers—challenges and opportunities		
6. Manuscript Identifying Number (if you know it) JTD-2019-ITM-003		

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

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Darcy has nothing to disclose.

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1. Given Name (First Name) Michael	2. Surname (Last Name) Kershaw	3. Date 25-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Clare Slaney
5. Manuscript Title Chimeric antigen receptor T cell therapies for thoracic cancers—challenges and opportunities		
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Section 1. Identifying Information

1. Given Name (First Name)
Clare

2. Surname (Last Name)
Slaney

3. Date
25-May-2020

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

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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