

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 3. Relevant financial activities outside the submitted work.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Alexander

2. Surname (Last Name)  
Cairns

3. Date  
02-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
cecilia pompili

5. Manuscript Title

General Patient Satisfaction after elective and acute thoracic surgery is associated with postoperative complications

6. Manuscript Identifying Number (if you know it)

### 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Cairns has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Finn

2. Surname (Last Name)  
Battleday

3. Date  
02-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
cecilia pompili

5. Manuscript Title

General Patient Satisfaction after elective and acute thoracic surgery is associated with postoperative complications

6. Manuscript Identifying Number (if you know it)

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Dr. Battleday has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Galina

2. Surname (Last Name)

Velikova

3. Date

02-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Cecilia Pompili

5. Manuscript Title

General Patient Satisfaction after elective and acute thoracic surgery is associated with postoperative complications.

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eisai	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breast Cancer NOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yorkshire Cancer Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EORTC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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### 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. Velikova reports personal fees from Roche, personal fees from Eisai, personal fees from Novartis, grants from Pfizer, grants from Breast Cancer NOW, grants from Yorkshire Cancer Research, grants from EORTC, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
alessandro

2. Surname (Last Name)  
brunelli

3. Date  
02-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
cecilia pompili

5. Manuscript Title  
General Patient Satisfaction after elective and acute thoracic surgery is associated with postoperative complications

6. Manuscript Identifying Number (if you know it)

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Dr. brunelli has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Heather

2. Surname (Last Name)  
Bell

3. Date  
02-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
cecilia pompili

5. Manuscript Title

General Patient Satisfaction after elective and acute thoracic surgery is associated with postoperative complications

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Joel

2. Surname (Last Name)

Favo

3. Date

02-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

cecilia pompili

5. Manuscript Title

General Patient Satisfaction after elective and acute thoracic surgery is associated with postoperative complications

6. Manuscript Identifying Number (if you know it)

### 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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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 Form for Disclosure of Potential Conflicts of Interest

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Dr. Favo 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) Miriam	2. Surname (Last Name) patella	3. Date 02-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name cecilia pompili
5. Manuscript Title General Patient Satisfaction after elective and acute thoracic surgery is associated with postoperative complications		
6. Manuscript Identifying Number (if you know it)  		

### 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

### Section 3. Relevant financial activities outside the submitted work.

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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 Form for Disclosure of Potential Conflicts of Interest

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Dr. patella has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
oana

2. Surname (Last Name)  
Linder

3. Date  
02-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
cecilia pompili

5. Manuscript Title

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☐ Yes

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### Section 5.

#### Relationships not covered above

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Dr. Linder has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
cecilia

2. Surname (Last Name)  
pompili

3. Date  
02-April-2020

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

5. Manuscript Title  
General Patient Satisfaction after elective and acute thoracic surgery is associated with postoperative complications

6. Manuscript Identifying Number (if you know it)

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