

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) Myriam	2. Surname (Last Name) Koch	3. Date 02-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Koller
5. Manuscript Title Gender effects on quality of life and symptom burden in patients with lung cancer.		
6. Manuscript Identifying Number (if you know it) JTD-20-1054		

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.)?

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Dr. Koch 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) Marianne Jensen	2. Surname (Last Name) Hjermstad	3. Date 02-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Koller
5. Manuscript Title Gender effects on quality of life and symptom burden in patients with lung cancer.		
6. Manuscript Identifying Number (if you know it) JTD-20-1054		

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Dr. Hjermstad 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)
Krzysztof

2. Surname (Last Name)
Tomaszewski

3. Date
02-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michael Koller

5. Manuscript Title
Gender effects on quality of life and symptom burden in patients with lung cancer.

6. Manuscript Identifying Number (if you know it)
JTD-20-1054

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Dr. Tomaszewski has nothing to disclose.

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1. Given Name (First Name)

Iwona

2. Surname (Last Name)

Tomaszewska

3. Date

03-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Koller

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Tomaszewska has nothing to disclose.

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Kjersti

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lyHornslien 02.06.2020

Hornslien

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1. Given Name (First Name)

Amélie

2. Surname (Last Name)

Harle

3. Date

06-December-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Michael Koller

5. Manuscript Title

An international study to validate the updated EORTC QLQ-LC29 module for assessing quality of life in patients with lung cancer.

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Juan Ignacio	2. Surname (Last Name) Arraras	3. Date 03-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Koller
5. Manuscript Title Gender effects on quality of life and symptom burden in patients with lung cancer.		
6. Manuscript Identifying Number (if you know it) JTD-20-1054		

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

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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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Section 6. Disclosure Statement

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Dr. Arraras 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)
ofir

2. Surname (Last Name)
morag

3. Date
03-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michael Koller

5. Manuscript Title
Gender effects on quality of life and symptom burden in patients with lung cancer.

6. Manuscript Identifying Number (if you know it)
JTD-20-1054

Section 2. The Work Under Consideration for Publication

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Dr. morag 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
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Koller
5. Manuscript Title Gender effects on quality of life and symptom burden in patients with lung cancer.		
6. Manuscript Identifying Number (if you know it) JTD-20-1054		

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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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. Pompili 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)
GEORGIOS

2. Surname (Last Name)
IOANNIDIS

3. Date
26-May-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
MICHAEL KOLLER

5. Manuscript Title
Gender effects on quality of life and symptom burden in patients with lung cancer. Results from a prospective, cross-cultural, multi-center study

6. Manuscript Identifying Number (if you know it)
JTD-20-1054

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
EORTC Quality of Life Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Dr Georgios Ioannidis reports grant funding from the EORTC Quality of Life Group for the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Chiara

2. Surname (Last Name)
Navarra

3. Date
08-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michael Koller

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
JTD-20-1054

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Dr. Navarra 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)
Wei-Chu

2. Surname (Last Name)
Chie

3. Date
04-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michael Koller

5. Manuscript Title
Gender effects on quality of life and symptom burden in patients with lung cancer.

6. Manuscript Identifying Number (if you know it)
JTD-20-1054

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

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Chie 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) Colin	2. Surname (Last Name) Johnson	3. Date 05-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Koller
5. Manuscript Title Gender effects on quality of life and symptom burden in patients with lung cancer.		
6. Manuscript Identifying Number (if you know it) JTD-20-1054		

Section 2. The Work Under Consideration for Publication

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Dr. Johnson 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)
Thomas

2. Surname (Last Name)
Bohrer

3. Date
08-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michael Koller

5. Manuscript Title
Gender effects on quality of life and symptom burden in patients with lung cancer.

6. Manuscript Identifying Number (if you know it)
JTD-20-1054

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Bohrer 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)
Annelies

2. Surname (Last Name)
Janssens

3. Date
02-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
An international study to validate the updated EORTC QLQ-LC29 module for assessing quality of life in patients with lung cancer

6. Manuscript Identifying Number (if you know it)

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

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Dr. Janssens has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dagmara	2. Surname (Last Name) Kuliś	3. Date 02-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Koller
5. Manuscript Title Gender effects on quality of life and symptom burden in patients with lung cancer.		
6. Manuscript Identifying Number (if you know it) JTD-20-1054		

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D. Kuliš 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)
Andrew

2. Surname (Last Name)
Bottomley

3. Date
03-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michael Koller

5. Manuscript Title
Gender effects on quality of life and symptom burden in patients with lung cancer.

6. Manuscript Identifying Number (if you know it)
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Dr. Bottomley has nothing to disclose.

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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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christian

2. Surname (Last Name)
Schulz

3. Date
03-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michael Koller

5. Manuscript Title
Gender effects on quality of life and symptom burden in patients with lung cancer.

6. Manuscript Identifying Number (if you know it)
JTD-20-1054

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

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Schulz has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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.

1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Florian	2. Surname (Last Name) Zeman	3. Date 08-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Koller
5. Manuscript Title Gender effects on quality of life and symptom burden in patients with lung cancer.		
6. Manuscript Identifying Number (if you know it) JTD-20-1054		

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

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Dr. Zeman 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)
Michael

2. Surname (Last Name)
Koller

3. Date
08-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Gender effects on quality of life and symptom burden in patients with lung cancer.

6. Manuscript Identifying Number (if you know it)
JTD-20-1054

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
EORTC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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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
Janssen-Cilag	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Koller reports grants from EORTC, during the conduct of the study; personal fees from Janssen-Cilag, personal fees from Lilly, personal fees from MSD, outside the submitted work; .

Evaluation and Feedback

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