

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.

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.

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



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Lawrence	rst Name)	2. Surname (Last Name) Brown	3. Date 17-September-2020	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Dr. Shanda Blackmon	
5. Manuscript Title Surgical Staging		ignant Pleural Mesothelio	ma	
6. Manuscript Ider JTD-19-2267	ntifying 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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest?	Yes	\checkmark	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	1 🗸	No
	1 1		•	



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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. Brown has nothing to disclose.

Evaluation and Feedback

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Frank	rst Name)	2. Surname (Last Name) Corl	3. Date 23-September-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Dr. Shanda Blackmon
5. Manuscript Title Surgical Staging		ignant Pleural Mesothelior	na
6. Manuscript Ider JTD-19-2267	ntifying Number (if you	know it)	_

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Are there any relevant conflicts of interest?		Yes
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		•	



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Section 1. Identifying	Information	
1. Given Name (First Name) Shanda	2. Surname (Last Name) Blackmon	3. Date 22-September-2020
4. Are you the corresponding auth	or? 🖌 Yes 🗌 No	
5. Manuscript Title Surgical Staging and Resection	of Malignant Pleural Mesothelioma	

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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Steris	<				I am running a clinical trial partially sponsored by Steris to investigate the use of cryotherapy treatment to the pleural cavity for patients undergoing resection for mesothelioma.	



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Dr. Blackmon reports grants from Steris, outside the submitted work; .

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