

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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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)
Haibo

2. Surname (Last Name)
Ma

3. Date
04-December-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Suxia Luo

5. Manuscript Title
Adjuvant treatment can improve prognosis in patients with non-small cell lung cancer ≤ 3 cm after sublobectomy: a propensity score analysis

6. Manuscript Identifying Number (if you know it)
JTD-20-3448

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Dr. Ma has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jiwei

2. Surname (Last Name)

Cheng

3. Date

04-December-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Suxia Luo

5. Manuscript Title

Adjuvant treatment can improve prognosis in patients with non-small cell lung cancer ≤ 3 cm after sublobectomy: a propensity score analysis

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Section 1. Identifying Information

1. Given Name (First Name) Yongkui	2. Surname (Last Name) Yu	3. Date 04-December-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Suxia Luo
5. Manuscript Title Adjuvant treatment can improve prognosis in patients with non-small cell lung cancer ≤3 cm after sublobectomy: a propensity score analysis		
6. Manuscript Identifying Number (if you know it) JTD-20-3448		

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1. Given Name (First Name) Baoxing	2. Surname (Last Name) Liu	3. Date 04-December-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Suxia Luo
5. Manuscript Title Adjuvant treatment can improve prognosis in patients with non-small cell lung cancer ≤3 cm after sublobectomy: a propensity score analysis		
6. Manuscript Identifying Number (if you know it) JTD-20-3448		

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5. Manuscript Title Adjuvant treatment can improve prognosis in patients with non-small cell lung cancer ≤ 3 cm after sublobectomy: a propensity score analysis		
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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)
Wenqun

2. Surname (Last Name)
Xing

3. Date
04-December-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Suxia Luo

5. Manuscript Title
Adjuvant treatment can improve prognosis in patients with non-small cell lung cancer ≤ 3 cm after sublobectomy: a propensity score analysis

6. Manuscript Identifying Number (if you know it)
JTD-20-3448

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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

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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

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

Dr. Xing has nothing to disclose.

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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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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