

## 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.

#### 1. Identifying information.

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

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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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**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)

Laurence

2. Surname (Last Name)

Diggs

3. Date

13-April-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

VATS Pleurectomy: A Suitable Alternative for Treating Malignant  
Pleural Effusions

6. Manuscript Identifying Number (if you know it)

JTD-19-3261

### 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

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### Section 5. Relationships not covered above

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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. Diggs 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)  
Sean

2. Surname (Last Name)  
Martin

3. Date  
13-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Laurence P. Diggs

5. Manuscript Title  
VATS Pleurectomy: A Suitable Alternative for Treating Malignant  
Pleural Effusions

6. Manuscript Identifying Number (if you know it)  
JTD-19-3261

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

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Dr. Martin has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Justin

2. Surname (Last Name)

Drake

3. Date

13-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Laurence P. Diggs

5. Manuscript Title

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MEDICAL JOURNAL EDITORS

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Robert Taylor

2. Surname (Last Name)

Ripley

3. Date

13-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Laurence P. Diggs

5. Manuscript Title

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Dr. Ripley has nothing to disclose.

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