

## ICMJE DISCLOSURE FORM

Date: April 23, 2021

Your Name: Tami Yu-Yu Lin

Manuscript Title: Clinical Outcomes of Pancoast Tumors treated with Trimodality Therapy

Manuscript number (if known):        JTD-21-380-CL       

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In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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<b>Time frame: past 36 months</b>			
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
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## ICMJE DISCLOSURE FORM

Date: April 23, 2021

Your Name: Dr. Siavash Atrchian

Manuscript Title: Clinical Outcomes of Pancoast Tumors treated with Trimodality Therapy

Manuscript number (if known):    JTD-21-380-CL   

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## ICMJE DISCLOSURE FORM

Date: April 23, 2021

Your Name: Dr. Michael Humer

Manuscript Title: Clinical Outcomes of Pancoast Tumors treated with Trimodality Therapy

Manuscript number (if known):       JTD-21-380-CL      

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## ICMJE DISCLOSURE FORM

Date: April 23, 2021

Your Name: Jodi Siever

Manuscript Title: Clinical Outcomes of Pancoast Tumors treated with Trimodality Therapy

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## ICMJE DISCLOSURE FORM

Date: April 23, 2021

Your Name: Dr. Angela Lin

Manuscript Title: Clinical Outcomes of Pancoast Tumors treated with Trimodality Therapy

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