

ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: [Stephanie Ossowski]

Manuscript Title: [Improving Outcomes in Malignant Pleural Mesothelioma in an Integrated Health Care System]

Manuscript Number (if known): JTD-22-427-R3

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Time frame: Since the initial planning of the work								
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 08/12/22 _____

Your Name: Yun-Yi Hung _____

Manuscript Title: Improving Outcomes in Malignant Pleural Mesothelioma in an Integrated Health Care System _____

Manuscript number (if known): JTD-22-427-R3 _____

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.

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ICMJE DISCLOSURE FORM

Date: 08/11/22 _____

Your Name: Kian Banks _____

Manuscript Title: Improving Outcomes in Malignant Pleural Mesothelioma in an Integrated Health Care System _____

Manuscript number (if known): JTD-22-427-R3 _____

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ICMJE DISCLOSURE FORM

Date: 08/11/22 _____

Your Name: Diana Hsu _____

Manuscript Title: Improving Outcomes in Malignant Pleural Mesothelioma in an Integrated Health Care System _____

Manuscript number (if known): JTD-22-427-R3 _____

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Date: 08/12/22 _____

Your Name: Lisa Herrinton _____

Manuscript Title: Improving Outcomes in Malignant Pleural Mesothelioma in an Integrated Health Care System _____

Manuscript number (if known): JTD-22-427-R3 _____

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ICMJE DISCLOSURE FORM

Date: 08/11/22 _____

Your Name: Simon Ashiku _____

Manuscript Title: Improving Outcomes in Malignant Pleural Mesothelioma in an Integrated Health Care System _____

Manuscript number (if known): JTD-22-427-R3 _____

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Date: 08/12/22 _____

Your Name: Ashish Patel _____

Manuscript Title: Improving Outcomes in Malignant Pleural Mesothelioma in an Integrated Health Care System _____

Manuscript number (if known): JTD-22-427-R3 _____

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Date: 8/12/2022

Your Name: Jennifer Marie Suga

Manuscript Title: Improving Outcomes in Malignant Pleural Mesothelioma in an Integrated Health Care System

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Date: 08/12/22 _____

Your Name: Jeffrey Velotta _____

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