

ICMJE DISCLOSURE FORM

Date: 5/25/2022

Your Name: [Jeronimo Rafael Rodriguez-Cid]

Manuscript Title: [Survival Prognostic Factors in Unresectable/Advanced Primary Thoracic Sarcomas]

Manuscript Number (if known): JTD-22-472

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; color: gray;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Research grants (none of them related/associated to the current study): Astra Zeneca, Pfizer, Bayer, Roche, Merck Sharp and Dohme (MSD), Bristol Myers Squibb (BMS), Takeda, Celltrion, Daiichi Sankyo, Novartis, GSK, Amgen, Eli Lilly. </div>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None <input type="checkbox"/> None of them related/associated to the current study: Novartis, Roche Diagnostics.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <input type="checkbox"/> Speaker bureau (none of them related/associated to the current study): Pfizer, Roche, Merck Sharp Dohme (MSD), Bristol Myers Squibb, Takeda, Novartis, Eli Lilly, Amgen, Astra Zeneca, Boehringer, Merck.	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <input type="checkbox"/> Advisory (none of them related/associated to the current study): Pfizer, Roche, Merck Sharp Dohme (MSD), Bristol Myers Squibb (BMS), Takeda, Novartis, Eli Lilly, Amgen, Astra Zeneca, Boehringer, Merck.	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
<p>NONE OF THE PREVIOUSLY MENTIONED CONFLICTS OF INTERESTS ARE RELATED TO THE CURRENT STUDY</p> <p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

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Date: 5/25/2022

Your Name: [Jorge Arturo Alatorre-Alexander]

Manuscript Title: [Survival Prognostic Factors in Unresectable/Advanced Primary Thoracic Sarcomas]

Manuscript Number (if known): JTD-22-472

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">Advisory (none of them related/associated to the current study): Pfizer, Roche, Merck Sharp Dohme (MSD), Bristol Myers Squibb (BMS), Takeda, Novartis, Eli Lilly, Amgen, Astra Zeneca, Boehringer, Merck.</td><td style="width: 50%;"></td></tr> </table>	Advisory (none of them related/associated to the current study): Pfizer, Roche, Merck Sharp Dohme (MSD), Bristol Myers Squibb (BMS), Takeda, Novartis, Eli Lilly, Amgen, Astra Zeneca, Boehringer, Merck.						
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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Date: 5/25/2022

Your Name: [Jordi Guzman-Casta]

Manuscript Title: [Survival Prognostic Factors in Unresectable/Advanced Primary Thoracic Sarcomas]

Manuscript Number (if known): JTD-22-472

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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	
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Date: 5/25/2022

Your Name: [Juan Jose Juarez-Vignon Whaley]

Manuscript Title: [Survival Prognostic Factors in Unresectable/Advanced Primary Thoracic Sarcomas]

Manuscript Number (if known): JTD-22-472

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Date: 5/25/2022

Your Name: [Luis Manuel Martinez-Barrera]

Manuscript Title: [Survival Prognostic Factors in Unresectable/Advanced Primary Thoracic Sarcomas]

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Date: 5/25/2022

Your Name: Rodrigo Rafael Rodriguez-Mariñelarena

Manuscript Title: Survival Prognostic Factors in Unresectable/Advanced Primary Thoracic Sarcomas

Manuscript Number (if known): JTD-22-472

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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: 5/25/2022

Your Name: [Mayte Cruz-Zermeño]

Manuscript Title: [Survival Prognostic Factors in Unresectable/Advanced Primary Thoracic Sarcomas]

Manuscript Number (if known): JTD-22-472

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 5/25/2022

Your Name: Patricio Javier Santillan-Doherty

Manuscript Title: Survival Prognostic Factors in Unresectable/Advanced Primary Thoracic Sarcomas

Manuscript Number (if known): JTD-22-472

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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
4	Consulting fees	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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Date: 5/25/2022

Your Name: Sonia Carrasco-CaraChards

Manuscript Title: Survival Prognostic Factors in Unresectable/Advanced Primary Thoracic Sarcomas

Manuscript Number (if known): JTD-22-472

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ICMJE DISCLOSURE FORM

Date: 5/25/2022

Your Name: [Alec Seidman-Sorsby]

Manuscript Title: [Survival Prognostic Factors in Unresectable/Advanced Primary Thoracic Sarcomas]

Manuscript Number (if known): JTD-22-472

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

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ICMJE DISCLOSURE FORM

Date: 5/25/2022

Your Name: [Carla Paola Sánchez-Rios]

Manuscript Title: [Survival Prognostic Factors in Unresectable/Advanced Primary Thoracic Sarcomas]

Manuscript Number (if known): JTD-22-472

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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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work		

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
4	Consulting fees	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 5/25/2022

Your Name: [Gisela Sánchez-Domínguez]

Manuscript Title: [Survival Prognostic Factors in Unresectable/Advanced Primary Thoracic Sarcomas]

Manuscript Number (if known): JTD-22-472

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ICMJE DISCLOSURE FORM

Date: 5/25/2022

Your Name: [van de Jesus Rodríguez-Zea]

Manuscript Title: [Survival Prognostic Factors in Unresectable/Advanced Primary Thoracic Sarcomas]

Manuscript Number (if known): JTD-22-472

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