Date:____May. 26th, 2022____

Your Name: Konstantinos Grapatsas

Manuscript Title: Should cardiovascular comorbidities be a contraindication for pulmonary metastasectomy? Manuscript number (if known):______

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 <u>current</u> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11			
12	Dessint of a winnesst	V. Nana	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____May. 26th, 2022____ Your Name: Mohamed Hassan Manuscript Title: Should cardiovascular comorbidities be a contraindication for pulmonary metastasectomy? Manuscript number (if known):_____

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	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
0	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
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	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____May. 26th, 2022_____ Your Name: Axel Semmelmann Manuscript Title: Should cardiovascular comorbidities be a contraindication for pulmonary metastasectomy? Manuscript number (if known):______

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4	Consulting fees	XNone	

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6	Payment for expert	X None	
0	testimony		
7	Support for attending	XNone	
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8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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	Advisory Board		
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11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:____May. 26th, 2022____

Your Name: Benjamin Ehle

Manuscript Title: Should cardiovascular comorbidities be a contraindication for pulmonary metastasectomy? Manuscript number (if known):______

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4	Consulting fees	XNone	

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	manuscript writing or educational events		
6	Payment for expert	X None	
0	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
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	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____May. 26th, 2022_____ Your Name: Bernward Passlick Manuscript Title: Should cardiovascular comorbidities be a contraindication for pulmonary metastasectomy? Manuscript number (if known):______

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0	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
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	Advisory Board		
10	Leadership or fiduciary role	XNone	
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11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:____May. 26th, 2022____

Your Name: Severin Schmid

Manuscript Title: Should cardiovascular comorbidities be a contraindication for pulmonary metastasectomy? Manuscript number (if known):______

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13	Other financial or non-	XNone	
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None.

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Date:____May. 26th, 2022____

Your Name: Uyen-Thao Le

Manuscript Title: Should cardiovascular comorbidities be a contraindication for pulmonary metastasectomy? Manuscript number (if known):______

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