

## ICMJE DISCLOSURE FORM

Date: February 14, 2022

Your Name: Nussara Pakvisal

Manuscript Title: Prognostic factors in completely resected lymph-node–negative pulmonary adenocarcinoma

Manuscript number (if known): TCR-21-2633-CL

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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		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Ratchadapiseksompotch Fund, Faculty of Medicine, Chulalongkorn University (Grant number RA61/114) to VS	
		Chulalongkorn Academic Advancement into Its 2nd Century (CUAASC) Project to VS and CV	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for	<input checked="" type="checkbox"/> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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 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 summarize the above conflict of interest in the following box:**

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## ICMJE DISCLOSURE FORM

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Your Name: Poonchavist Chantranuwat

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## ICMJE DISCLOSURE FORM

Date: February 14, 2022

Your Name: Chanida Vinayanuwattikun

Manuscript Title: Prognostic factors in completely resected lymph-node–negative pulmonary adenocarcinoma

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Date: February 14, 2022

Your Name: Piyada Sitthideatphaiboon

Manuscript Title: Prognostic factors in completely resected lymph-node–negative pulmonary adenocarcinoma

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Date: February 14, 2022

Your Name: Chinachote Teerapakpinyo

Manuscript Title: Prognostic factors in completely resected lymph-node–negative pulmonary adenocarcinoma

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## ICMJE DISCLOSURE FORM

Date: February 14, 2022

Your Name: Shanop Shuangshoti

Manuscript Title: Prognostic factors in completely resected lymph-node–negative pulmonary adenocarcinoma

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2	Grants or contracts from any entity (if not indicated in item #1 above).	National Research Council of Thailand Grant under the Research University Network (RUN) Initiative	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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Date: February 14, 2022

Your Name: Vichai Benjacholamas

Manuscript Title: Prognostic factors in completely resected lymph-node–negative pulmonary adenocarcinoma

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Date: February 14, 2022

Your Name: Nopporn Pornpattanak

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Date: February 14, 2022

Your Name: Virote Sriuranpong

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