

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Małgorzata

2. Surname (Last Name)

Łazar-Poniatowska

3. Date

25-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Concurrent chemoradiotherapy for stage III non-small cell lung cancer: recent progress and future perspectives

6. Manuscript Identifying Number (if you know it)

TLCR-20-704

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Łazar-Poniatowska has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Artur	2. Surname (Last Name) Bandura	3. Date 12-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Małgorzata Łazar-Poaniatowska
5. Manuscript Title Concurrent chemoradiotherapy for stage III non-small cell lung cancer: recent progress and future perspectives		
6. Manuscript Identifying Number (if you know it) TLCR-20-704		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Bandura has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Rafal

2. Surname (Last Name)
Dziadziuszko

3. Date
26-August-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Lazar-Poniatowska

5. Manuscript Title
CONCURRENT CHEMORADIOTHERAPY FOR STAGE III NON-SMALL-CELL LUNG CANCER: RECENT PROGRESS AND FUTURE PERSPECTIVES

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takeda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boehringer-Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FoundationMedicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Dziadziuszko reports personal fees and other from Roche, personal fees and other from AstraZeneca, personal fees from Novartis, personal fees from Pfizer, personal fees from MSD, personal fees from Takeda, personal fees from Boehringer-Ingelheim, personal fees from FoundationMedicine, outside the submitted work; .

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Jacek

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Jassem

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26-August-2020

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Yes No

Corresponding Author's Name

Małgorzata Łazar-Poniatowska

5. Manuscript Title

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Speaker: AstraZeneca, Roche, Pfizer
Advisory roles: AstraZeneca, BMS, Pfizer, MSD, Takeda
Travel support: Roche, Pfizer

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Dr. Jassem reports and Speaker: AstraZeneca, Roche, Pfizer
Advisory roles: AstraZeneca, BMS, Pfizer, MSD, Takeda
Travel support: Roche, Pfizer
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