

## 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.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Antonin

2. Surname (Last Name)

Levy

3. Date

06-November-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Thoracic Radiotherapy in Small Cell Lung Cancer

6. Manuscript Identifying Number (if you know it)

TLCR-20-305

### 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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### Section 4. Intellectual Property -- Patents & Copyrights

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



# ICMJE

INTERNATIONAL COMMITTEE *of*  
MEDICAL JOURNAL EDITORS

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### Section 5.

#### Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6.

#### Disclosure Statement

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Dr. Levy 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) Angela	2. Surname (Last Name) Botticella	3. Date 06-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Antonin Levy
5. Manuscript Title Thoracic Radiotherapy in Small Cell Lung Cancer		
6. Manuscript Identifying Number (if you know it) TLCR-20-305		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Botticella has nothing to disclose.

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1. Given Name (First Name) Cécile	2. Surname (Last Name) Le Pechoux	3. Date 06-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Antonin Levy
5. Manuscript Title Thoracic Radiotherapy in Small Cell Lung Cancer		
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1. Given Name (First Name) Corinne	2. Surname (Last Name) Faivre-Finn	3. Date 06-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Antonin Levy
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research funding and travel support
AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research funding and travel support
Elekta	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research funding and travel support
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	travel support

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Dr. Faivre-Finn reports grants from Merck, grants from AstraZeneca, grants from Elekta, grants from Pfizer, outside the submitted work; .

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