

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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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Pierluigi	2. Surname (Last Name) Novellis	3. Date 14-March-2021
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title LUNG CANCER SCREENING: WHO PAYS? WHO RECEIVES? THE EUROPEAN PERSPECTIVES		
6. Manuscript Identifying Number (if you know it) TLCR-20-677		

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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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
Umberto Veronesi Foundation (FUV)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant

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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Dr. Novellis reports grants from Umberto Veronesi Foundation (FUV), outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
SILVIA

2. Surname (Last Name)
RAIMONDI COMINESI

3. Date
15-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Pierluigi Novellis

5. Manuscript Title
LUNG CANCER SCREENING: WHO PAYS? WHO RECEIVES? THE EUROPEAN PERSPECTIVES

6. Manuscript Identifying Number (if you know it)
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Dr. RAIMONDI COMINESI has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
FRANCESCA

2. Surname (Last Name)
ROSSETTI

3. Date
15-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Pierluigi Novellis

5. Manuscript Title
LUNG CANCER SCREENING: WHO PAYS? WHO RECEIVES? THE EUROPEAN PERSPECTIVES

6. Manuscript Identifying Number (if you know it)
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Dr. ROSSETTI has nothing to disclose.

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Michele

2. Surname (Last Name)

Mondoni

3. Date

15-March-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Pierluigi Novellis

5. Manuscript Title

LUNG CANCER SCREENING: WHO PAYS? WHO RECEIVES? THE EUROPEAN PERSPECTIVES

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TLCR-20-677

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Dr. Mondoni has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Vanesa	2. Surname (Last Name) Gregorc	3. Date 16-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pierluigi Novellis
5. Manuscript Title LUNG CANCER SCREENING: WHO PAYS? WHO RECEIVES? THE EUROPEAN PERSPECTIVES		
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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)
Giulia

2. Surname (Last Name)
Veronesi

3. Date
15-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Pierluigi Novellis

5. Manuscript Title
LUNG CANCER SCREENING: WHO PAYS? WHO RECEIVES? THE EUROPEAN PERSPECTIVES

6. Manuscript Identifying Number (if you know it)
TLCR-20-677

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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
AIRC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant
Ministry of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant
INAIL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant
AB MEDICA SpA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant

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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

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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- No other relationships/conditions/circumstances that present a potential conflict of interest

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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.

Prof. Veronesi reports grants from Associazione Italiana per la Ricerca sul Cancro (AIRC), Ministry of Health, Istituto nazionale Assicurazione Infortuni sul Lavoro, outside the submitted work. She has received honoraria from Ab Medica SpA.

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