

## ICMJE DISCLOSURE FORM

Date: 25.07.2022

Your Name: Anna Trojnar

Manuscript Title: The clinico-pathological characteristics of surgically treated young women with NSCLC

Manuscript number (if known): TLCR-22-443

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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3	Royalties or licenses	__x__ None	
4	Consulting fees	__x__ None	

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

**Please summarize the above conflict of interest in the following box:**

Dr. Trojnar has nothing to disclose.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 25.07.2022

Your Name: Joanna Domagała-Kulawik

Manuscript Title: The clinico-pathological characteristics of surgically treated young women with NSCLC

Manuscript number (if known): TLCR-22-443

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13	Other financial or non-financial interests	<input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Prof. Domagała-Kulawik has nothing to disclose.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 25.07.2022

Your Name: Anna Sienkiewicz-Ulita

Manuscript Title: The clinico-pathological characteristics of surgically treated young women with NSCLC

Manuscript number (if known): TLCR-22-443

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13	Other financial or non-financial interests	<input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Dr. Sienkiewicz-Ulita has nothing to disclose.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 25.07.2022

Your Name: Marcin Zbytniewski

Manuscript Title: The clinico-pathological characteristics of surgically treated young women with NSCLC

Manuscript number (if known): TLCR-22-443

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

Dr. Zbytniewski has nothing to disclose.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



## ICMJE DISCLOSURE FORM

Date: 25.07.2022

Your Name: Grzegorz M. Gryzko

Manuscript Title: The clinico-pathological characteristics of surgically treated young women with NSCLC

Manuscript number (if known): TLCR-22-443

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3	Royalties or licenses	__x__ None	
4	Consulting fees	__x__ None	

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13	Other financial or non-financial interests	<input type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

Dr. Gryzko has nothing to disclose.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 25.07.2022

Your Name: Marcin M. Cackowski

Manuscript Title: The clinico-pathological characteristics of surgically treated young women with NSCLC

Manuscript number (if known): TLCR-22-443

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**Please summarize the above conflict of interest in the following box:**

Dr. Cackowski has nothing to disclose.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 25.07.2022

Your Name: Michał Dziedzic

Manuscript Title: The clinico-pathological characteristics of surgically treated young women with NSCLC

Manuscript number (if known): TLCR-22-443

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Dr. Dzedzic has nothing to disclose.

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

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## ICMJE DISCLOSURE FORM

Date: 25.07.2022

Your Name: Katarzyna Woźnica

Manuscript Title: The clinico-pathological characteristics of surgically treated young women with NSCLC

Manuscript number (if known): TLCR-22-443

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Dr. Woźnica has nothing to disclose.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



## ICMJE DISCLOSURE FORM

Date: 25.07.2022

Your Name: Tadeusz M. Orłowski

Manuscript Title: The clinico-pathological characteristics of surgically treated young women with NSCLC

Manuscript number (if known): TLCR-22-443

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Prof. Orłowski has nothing to disclose.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 25.07.2022

Your Name: Dariusz A. Dziedzic

Manuscript Title: The clinico-pathological characteristics of surgically treated young women with NSCLC

Manuscript number (if known): TLCR-22-443

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Prof. Dziedzic has nothing to disclose.

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