

ICMJE DISCLOSURE FORM

Date: 2023/05/29

Your Name: Hai-Yang Dong

Manuscript Title: Risk factors for pulmonary embolism in lung cancer patients with lower limb deep venous thrombosis: a case control study

Manuscript number (if known): _____

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.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
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 lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> <u>X</u> <u> </u> None	
6	Payment for expert testimony	<u> </u> <u>X</u> <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> <u>X</u> <u> </u> None	
8	Patents planned, issued or pending	<u> </u> <u>X</u> <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> <u>X</u> <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> <u>X</u> <u> </u> None	
11	Stock or stock options	<u> </u> <u>X</u> <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> <u>X</u> <u> </u> None	
13	Other financial or non-financial interests	<u> </u> <u>X</u> <u> </u> None	

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

None

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

X 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: 2023/05/29

Your Name: Min-Si Tong

Manuscript Title: Risk factors for pulmonary embolism in lung cancer patients with lower limb deep venous thrombosis: a case control study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/05/29

Your Name: Juan Wang

Manuscript Title: Risk factors for pulmonary embolism in lung cancer patients with lower limb deep venous thrombosis: a case control study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/05/29

Your Name: Yuan Liu

Manuscript Title: Risk factors for pulmonary embolism in lung cancer patients with lower limb deep venous thrombosis: a case control study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/05/29

Your Name: Guang-Yu Tao

Manuscript Title: Risk factors for pulmonary embolism in lung cancer patients with lower limb deep venous thrombosis: a case control study

Manuscript number (if known): _____

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

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None

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: _____ May 19.

2023 _____

Your Name: _____ Rene Horsleben

Petersen _____

Manuscript Title: **Risk factors for pulmonary embolism in lung cancer patients with lower limb deep venous thrombosis: a case control study**

Manuscript number (if known): _____

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	Speaker fee: Medtronic, AMBU, AstraZeneca, Medela
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 type="checkbox"/> None	Advisory Board: AstraZeneca, BMS, Roche, MSD
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	
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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:

Speaker fee: Medtronic, AMBU, AstraZeneca, Medela
 Advisory Board: AstraZeneca, BMS, Roche, MSD

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

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ICMJE DISCLOSURE FORM

Date: 2023/5/23
 Your Name: Luis Jara-Palomares
 Manuscript Title: Risk factors for pulmonary embolism in lung cancer patients with lower limb deep venous thrombosis: a case control study
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/05/29

Your Name: Yi Wang

Manuscript Title: Risk factors for pulmonary embolism in lung cancer patients with lower limb deep venous thrombosis: a case control study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/05/29

Your Name: Yan-Bing Sun

Manuscript Title: Risk factors for pulmonary embolism in lung cancer patients with lower limb deep venous thrombosis: a case control study

Manuscript number (if known): _____

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Date: 2023/05/29

Your Name: Jie Chen

Manuscript Title: Risk factors for pulmonary embolism in lung cancer patients with lower limb deep venous thrombosis: a case control study

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