

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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4. Intellectual Property.

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Section 1. Identifying Information

| | | |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|
| 1. Given Name (First Name) Nina | 2. Surname (Last Name) Reig | 3. Date 18-September-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Dr. Ramón Rami-Porta |
| 5. Manuscript Title A patient with a localized malignant pleural mesothelioma and 15-year disease-free survival | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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Dr. Reig has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ramón

2. Surname (Last Name)

Rami-Porta

3. Date

18-September-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

A patient with a localized malignant pleural mesothelioma and 15-year disease-free survival

6. Manuscript Identifying Number (if you know it)

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Dr. Rami-Porta has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Luis Antonio

2. Surname (Last Name)

Luizaga Velasco

3. Date

18-September-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Ramón Rami-Porta

5. Manuscript Title

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Dr. Luizaga Velasco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jose

2. Surname (Last Name)

Lloreta Trull

3. Date

18-September-2019

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☐ Yes ☒ No

Corresponding Author's Name

Ramón Rami-Porta

5. Manuscript Title

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Mireia

2. Surname (Last Name)
Serra-Mitjans

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18-September-2019

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Corresponding Author's Name
Ramon Rami-Porta

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doi: 10.21037/ccts.2019.09.02

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------|
| 1. Given Name (First Name) Carme | 2. Surname (Last Name) Obiols | 3. Date 18-September-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Dr. Ramon Rami-Porta |
| 5. Manuscript Title A patient with a localized malignant pleural mesothelioma and 15-year disease-free survival | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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1. Given Name (First Name)

Sergi

2. Surname (Last Name)

Call

3. Date

18-September-2019

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☐ Yes

☒ No

Corresponding Author's Name

Dr. Ramon Rami-Porta

5. Manuscript Title

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1. Given Name (First Name)

José

2. Surname (Last Name)

Belda-Sanchis

3. Date

18-September-2019

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☐ Yes

☒ No

Corresponding Author's Name

Ramón Rami-Porta

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