

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Alice

2. Surname (Last Name)

Indini

3. Date

31-March-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Immunotherapy for locally advanced non-small cell lung cancer: current evidence and future perspectives.

6. Manuscript Identifying Number (if you know it)

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Dr. Indini reports and Funding: the present work was financed by Italian fiscal contribution "5x1000" 2016 devolved to Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milano, Italy". .Dr. Indini has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Erika	2. Surname (Last Name) Rijavec	3. Date 31-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alice Indini
5. Manuscript Title Immunotherapy for locally advanced non-small cell lung cancer: current evidence and future perspectives.		
6. Manuscript Identifying Number (if you know it) _____		

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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name) Claudia	2. Surname (Last Name) Bareggi	3. Date 31-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alice Indini
5. Manuscript Title Immunotherapy for locally advanced non-small cell lung cancer: current evidence and future perspectives.		
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1. Given Name (First Name) Francesco	2. Surname (Last Name) Grossi	3. Date 31-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alice Indini
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