

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jason

2. Surname (Last Name)

Trevis

3. Date

02-June-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Narrative Review of the management of stage IIIA NSCLC: does different management equal different quality of life?

6. Manuscript Identifying Number (if you know it)

CCTS-2020-IIIA-06(CCTS-20-114)

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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Dr. Trevis has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Patrick	2. Surname (Last Name) Barclay	3. Date 01-June-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Dr Jason Trevis
5. Manuscript Title Narrative Review of the management of stage IIIA NSCLC: does different management equal different quality of life?		
6. Manuscript Identifying Number (if you know it) CCTS-2020-IIIA-06(CCTS-20-114)		

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Dr. Barclay has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nicholas	2. Surname (Last Name) Marshall	3. Date 02-June-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Dr Jason Trevis
5. Manuscript Title Narrative Review of the management of stage IIIA NSCLC: does different management equal different quality of life?		
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1. Given Name (First Name) Cecilia	2. Surname (Last Name) Pompili	3. Date 02-June-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Dr Jason Trevis
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