ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Kanishka

2. Surname (Last Name)  
   Rangamuwa

3. Date  
   09-November-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Thermal ablation in Non-Small Cell Lung Cancer: a review of treatment modalities and the evidence for combination with immune checkpoint inhibitors

6. Manuscript Identifying Number (if you know it)  
   TLR-20-1075

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  
   ✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Rangamuwa has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Tracy

2. Surname (Last Name)  
   Leong

3. Date  
   09-November-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Kanishka Rangamuwa

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Leong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Clare
2. Surname (Last Name) Weeden
3. Date 09-November-2020

4. Are you the corresponding author? ☑ Yes ☐ No

Corresponding Author’s Name Kanishka Rangamuwa

5. Manuscript Title
Thermal ablation in Non-Small Cell Lung Cancer: a review of treatment modalities and the evidence for combination with immune checkpoint inhibitors

6. Manuscript Identifying Number (if you know it) TLCR-20-1075

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Dr. Weeden has nothing to disclose.

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## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Marie-Liesse              | Asselin-Labat          | 09-November-2020 |

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author's Name

Kanishka Rangamuwa

5. Manuscript Title

Thermal ablation in Non-Small Cell Lung Cancer: a review of treatment modalities and the evidence for combination with immune checkpoint inhibitors

6. Manuscript Identifying Number (if you know it)

TLCR-20-1075

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Are there any relevant conflicts of interest? [ ] Yes [x] No

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Dr. Asselin-Labat has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Steven

2. Surname (Last Name)  
   Bozinovski

3. Date  
   09-November-2020

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Kanishka Rangamuwa

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Dr. Bozinovski has nothing to disclose.

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### Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Christie

3. Date  
   09-November-2020

4. Are you the corresponding author?  
   □ Yes  ✔ No

   Corresponding Author’s Name  
   Kanishka Rangamuwa

5. Manuscript Title  
   Thermal ablation in Non-Small Cell Lung Cancer: a review of treatment modalities and the evidence for combination with immune checkpoint inhibitors

6. Manuscript Identifying Number (if you know it)  
   TLR-20-1075

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   □ Yes  ✔ No

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Dr. Christie has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Tom
2. Surname (Last Name) John
3. Date 09-November-2020
4. Are you the corresponding author? ☑ No
Corresponding Author’s Name Kanishka Rangamuwa
5. Manuscript Title Thermal ablation in Non-Small Cell Lung Cancer: a review of treatment modalities and the evidence for combination with immune checkpoint inhibitors
6. Manuscript Identifying Number (if you know it) TLCR-20-1075

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Phillip
2. Surname (Last Name) Antippa
3. Date 09-November-2020
4. Are you the corresponding author? No
5. Manuscript Title
   Thermal ablation in Non-Small Cell Lung Cancer: a review of treatment modalities and the evidence for combination with immune checkpoint inhibitors
6. Manuscript Identifying Number (if you know it) TLCR-20-1075

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? No

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Are there any relevant conflicts of interest? No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)  
Louis

2. Surname (Last Name)  
Irving

3. Date  
09-November-2020

4. Are you the corresponding author?  
[ ] Yes  [x] No

Corresponding Author’s Name  
Kanishka Rangamuwa

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**Section 1. Identifying Information**

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date              |
|---------------------------|------------------------|----------------------|
| Daniel                    | Steinfort              | 09-November-2020     |

4. Are you the corresponding author?  
   - Yes
   - No ✔

Corresponding Author’s Name  
Kanishka Rangamuwa

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