ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent
### Identifying Information

| 1. Given Name (First Name) | Alexander |
|----------------------------|-----------|
| 2. Surname (Last Name)    | Cairns    |
| 3. Date                   | 02-April-2020 |
| 4. Are you the corresponding author? | Yes ☑ No |
| Corresponding Author’s Name | cecilia pompili |
| 5. Manuscript Title       | General Patient Satisfaction after elective and acute thoracic surgery is associated with postoperative complications |
| 6. Manuscript Identifying Number (if you know it) | |

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### Intellectual Property -- Patents & Copyrights

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Dr. Cairns 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)  
   Finn

2. Surname (Last Name)  
   Battleday

3. Date  
   02-April-2020

4. Are you the corresponding author?  
   ☑ Yes  
   No

Corresponding Author’s Name  
cebilia pompili

5. Manuscript Title  
   General Patient Satisfaction after elective and acute thoracic surgery is associated with postoperative complications

6. Manuscript Identifying Number (if you know it)

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Dr. Battleday 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)  
   Galina

2. Surname (Last Name)  
   Velikova

3. Date  
   02-April-2020

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

Corresponding Author’s Name  
Cecilia Pompili

5. Manuscript Title  
   General Patient Satisfaction after elective and acute thoracic surgery is associated with postoperative complications.

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Are there any relevant conflicts of interest?  
Yes ☐  No ✔

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Are there any relevant conflicts of interest?  
Yes ✔  No ☐

If yes, please fill out the appropriate information below.

| Name of Entity               | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|------------------------------|--------|----------------|------------------------|--------|----------|
| Roche                       | ☐      | ☑              |                       |        |          |
| Eisai                       | ☐      | ☑              |                       |        |          |
| Novartis                    | ☐      | ☑              |                       |        |          |
| Pfizer                      | ☑      | ☐              |                       |        |          |
| Breast Cancer NOW           | ☑      | ☐              |                       |        |          |
| Yorkshire Cancer Research   | ☑      | ☐              |                       |        |          |
| EORTC                       | ☑      | ☐              |                       |        |          |
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Dr. Velikova reports personal fees from Roche, personal fees from Eisai, personal fees from Novartis, grants from Pfizer, grants from Breast Cancer NOW, grants from Yorkshire Cancer Research, grants from EORTC, outside the submitted work; .

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   alessandro

2. Surname (Last Name)  
   brunelli

3. Date  
   02-April-2020

4. Are you the corresponding author?  
   Yes ☑  

Corresponding Author’s Name  
   cecilia pompili

5. Manuscript Title  
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Dr. brunelli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Heather
2. Surname (Last Name) Bell
3. Date 02-April-2020
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name cecilia pompili
5. Manuscript Title
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Dr. Bell has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Joel

2. Surname (Last Name)  
   FavO

3. Date  
   02-April-2020

4. Are you the corresponding author?  
   Yes  ✔ No

Corresponding Author’s Name  
   Cecilia Pompili

5. Manuscript Title  
   General Patient Satisfaction after elective and acute thoracic surgery is associated with postoperative complications

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)  
   Miriam

2. Surname (Last Name)  
   patella

3. Date  
   02-April-2020

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
cecilia pompili

5. Manuscript Title  
   General Patient Satisfaction after elective and acute thoracic surgery is associated with postoperative complications

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?  
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**Section 4. Intellectual Property -- Patents & Copyrights**

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oana

2. Surname (Last Name)  
Linder

3. Date  
02-April-2020

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

Corresponding Author’s Name  
cecilia pompili

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  cecilia
2. Surname (Last Name)  pompili
3. Date  02-April-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
General Patient Satisfaction after elective and acute thoracic surgery is associated with postoperative complications

6. Manuscript Identifying Number (if you know it)

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