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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date
FRANCESCA | BOGGIO | 18-March-2020

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

5. Manuscript Title
Early stage lung cancer: pathologist’s perspective

6. Manuscript Identifying Number (if you know it)
JTD-2019-ESLC-01

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

**Section 3. Relevant financial activities outside the submitted work.**

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Dr. BOGGIO 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) ALESSANDRO
2. Surname (Last Name) DEL GOBBO
3. Date 18-March-2020
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name FRANCESCA BOGGIO
5. Manuscript Title Early stage lung cancer: pathologist’s perspective
6. Manuscript Identifying Number (if you know it) JTD-2019-ESLC-01

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Are there any relevant conflicts of interest? Yes ☐ No

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Dr. DEL GOBBO 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)  GIORGIO  
2. Surname (Last Name)  CROCI  
3. Date  18-March-2020  
4. Are you the corresponding author?  ☑ Yes  ☐ No  
   Corresponding Author’s Name  FRANCESCA BOGGIO  
5. Manuscript Title  Early stage lung cancer: pathologist’s perspective  
6. Manuscript Identifying Number (if you know it)  JTD-2019-ESLC-01

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Dr. CROCI 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) | 2. Surname (Last Name) | 3. Date             |
|---------------------------|------------------------|---------------------|
| MARCO                     | BARELLA                | 18-March-2020       |

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

5. Manuscript Title
   Early stage lung cancer: pathologist’s perspective

6. Manuscript Identifying Number (if you know it)
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## Section 2. The Work Under Consideration for Publication

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## Section 3. Relevant financial activities outside the submitted work.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
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Dr. BARELLA has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  STEFANO
2. Surname (Last Name)  FERRERO
3. Date  18-March-2020
4. Are you the corresponding author?  ❑ Yes  ☑ No
   Corresponding Author’s Name  FRANCESCA BOGGIO
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. FERRERO has nothing to disclose.

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