ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
   Antonin

2. Surname (Last Name)  
   Levy

3. Date  
   06-November-2020

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

5. Manuscript Title  
   Thoracic Radiotherapy in Small Cell Lung Cancer

6. Manuscript Identifying Number (if you know it)  
   TLCR-20-305

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.)?

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   ✔ No

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   ✔ No

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Section 6. Disclosure Statement

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Dr. Levy has nothing to disclose.

Evaluation and Feedback

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### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
| Angela | Botticella | 06-November-2020 |
| 4. Are you the corresponding author? |   |   |
| No |   |   |
| Corresponding Author’s Name |   | Antonin Levy |
| 5. Manuscript Title |   | Thoracic Radiotherapy in Small Cell Lung Cancer |
| 6. Manuscript Identifying Number (if you know it) |   | TLCR-20-305 |

### 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? Yes No

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

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Le Pechoux
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Cécile

2. Surname (Last Name)  
Le Pechoux

3. Date  
06-November-2020

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

Corresponding Author’s Name  
Antonin Levy

5. Manuscript Title  
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Section 1.
Identifying Information

1. Given Name (First Name)  Corinne
2. Surname (Last Name) Faivre-Finn
3. Date 06-November-2020

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

Corresponding Author’s Name
Antonin Levy

5. Manuscript Title
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If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------|----------------|------------------------|--------|----------|
| Merck          | ✔      | ☐             | ☐                      | ☐      | research funding and travel support |
| AstraZeneca    | ✔      | ☐             | ☐                      | ☐      | research funding and travel support |
| Elekta         | ✔      | ☐             | ☐                      | ☐      | research funding and travel support |
| Pfizer         | ✔      | ☐             | ☐                      | ☐      | travel support |
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