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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4. Intellectual Property.

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

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CHARLOUX
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. **Given Name (First Name)**
   - Anne

2. **Surname (Last Name)**
   - CHARLOUX

3. **Date**
   - 15-May-2020

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

5. **Manuscript Title**
   - Should we screen patients for carotid artery disease before lung cancer resection?

6. **Manuscript Identifying Number (if you know it)**
   - JTD-20-1117

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

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ✔ No
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Dr. CHARLOUX 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) Cézar
2. Surname (Last Name) MATAU
3. Date 19-May-2020

4. Are you the corresponding author? ☑ No
Corresponding Author's Name Charloux

5. Manuscript Title
Should we screen patients for carotid artery disease before lung cancer resection?

6. Manuscript Identifying Number (if you know it)
JTD-20-1117

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Dr. MATAU 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 |
|---------------------------|------------------------|---------|
| Jérémie                   | Jégu                   | 22-May-2020 |

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

5. Manuscript Title  
Should we screen patients for carotid artery disease before lung cancer resection?

6. Manuscript Identifying Number (if you know it)  
JTD-20-1117

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Jégu
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Dr. Jéguy 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)  
   Olivier

2. Surname (Last Name)  
   Rouyer

3. Date  
   23-May-2020

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author’s Name  
   Charloux

5. Manuscript Title  
   Should we screen patients for carotid artery disease before lung cancer resection?

6. Manuscript Identifying Number (if you know it)  
   JTD-20-1117

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Are there any relevant conflicts of interest?  
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   ✔ No

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

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Section 1. Identifying Information

1. Given Name (First Name)  
   pierre Emmanuel

2. Surname (Last Name)  
   Falcoz

3. Date  
   14-May-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author's Name
   Charloux

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Dr. Falcoz has nothing to disclose.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally (but not always) paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

Quoix
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Elisabeth

2. Surname (Last Name)  
Quoix

3. Date  
17-May-2020

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

Corresponding Author's Name  
Charloux

5. Manuscript Title  
Should we screen patients for carotid artery disease before lung cancer resection?

6. Manuscript Identifying Number (if you know it)  
JTD-20-1117

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

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Dr. Quoix has nothing to disclose.

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