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

Boada
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Marc

2. Surname (Last Name)  
Boada

3. Date  
18-November-2019

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

5. Manuscript Title  
IS INVASIVE MEDIASTINAL STAGING NECESSARY IN INTERMEDIATE RISK PATIENTS WITH NEGATIVE PET/CT?

6. Manuscript Identifying Number (if you know it)  

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Dr. Boada 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)  
   David

2. Surname (Last Name)  
   Sánchez-Lorente

3. Date  
   18-November-2019

4. Are you the corresponding author?  
   Yes ☑ No

Corresponding Author’s Name  
Marc Boada

5. Manuscript Title  
   IS INVASIVE MEDIASTINAL STAGING NECESSARY IN INTERMEDIATE RISK PATIENTS WITH NEGATIVE PET/CT?

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Dr. Sánchez-Lorente has nothing to disclose.

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<tr>
<td>Alejandra</td>
<td>Libreros</td>
<td>18-November-2019</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

Marc Boada

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Carmen M.
2. Surname (Last Name) Lucena
3. Date 18-November-2019
4. Are you the corresponding author? Yes ☐ No ✔
Corresponding Author’s Name Marc Boada

5. Manuscript Title
IS INVASIVE MEDIASTINAL STAGING NECESSARY IN INTERMEDIATE RISK PATIENTS WITH NEGATIVE PET/CT?

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2. Surname (Last Name) Marrades
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   Corresponding Author’s Name Marc Boada
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<td>Sánchez</td>
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## Section 3. Relevant financial activities outside the submitted work.

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

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [x] No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Sánchez has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Pilar
2. Surname (Last Name)  Paredes
3. Date  18-November-2019
4. Are you the corresponding author?  Yes □ No ☑

Corresponding Author’s Name  Marc Boada

5. Manuscript Title
IS INVASIVE MEDIASTINAL STAGING NECESSARY IN INTERMEDIATE RISK PATIENTS WITH NEGATIVE PET/CT?

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Mario
2. Surname (Last Name) Serrano
3. Date 18-November-2019
4. Are you the corresponding author? ☑ No
5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Ángela

2. Surname (Last Name)  
Guirao

3. Date  
18-November-2019

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

Corresponding Author’s Name
Marc Boada

5. Manuscript Title  
IS INVASIVE MEDIASTINAL STAGING NECESSARY IN INTERMEDIATE RISK PATIENTS WITH NEGATIVE PET/CT?

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Section 1. Identifying Information

1. Given Name (First Name) Rudith
2. Surname (Last Name) Guzman
3. Date 18-November-2019
4. Are you the corresponding author? ☑ No
   Corresponding Author's Name Marc Boada

5. Manuscript Title
   IS INVASIVE MEDIASTINAL STAGING NECESSARY IN INTERMEDIATE RISK PATIENTS WITH NEGATIVE PET/CT?

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Núria

2. Surname (Last Name)  
   Viñolas

3. Date  
   18-November-2019

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

5. Manuscript Title  
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   No ☑

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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

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

3. **Date**
   - 18-November-2019

4. **Are you the corresponding author?**
   - Yes [ ]
   - No [ ]
   - **Corresponding Author's Name**
     - Marc Boada

5. **Manuscript Title**
   - IS INVASIVE MEDIASTINAL STAGING NECESSARY IN INTERMEDIATE RISK PATIENTS WITH NEGATIVE PET/CT?

6. **Manuscript Identifying Number (if you know it)**

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Are there any relevant conflicts of interest?  

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Dr. Casas has nothing to disclose.

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1. Given Name (First Name)  Carles
2. Surname (Last Name)  Agustí
3. Date  18-November-2019
4. Are you the corresponding author?  Yes  ☑ No

Corresponding Author's Name  Marc Boada

5. Manuscript Title  IS INVASIVE MEDIASTINAL STAGING NECESSARY IN INTERMEDIATE RISK PATIENTS WITH NEGATIVE PET/CT?

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Dr. Agustí has nothing to disclose.

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1. Given Name (First Name) Laureano
2. Surname (Last Name) Molins
3. Date 18-November-2019
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   Corresponding Author’s Name Marc Boada
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