ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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3. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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

Corresponding Author’s Name
Michael Koller

5. Manuscript Title
Gender effects on quality of life and symptom burden in patients with lung cancer.

6. Manuscript Identifying Number (if you know it)
JTD-20-1054

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Dr. Koch 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)  
Marianne Jensen

2. Surname (Last Name)  
Hjermstad

3. Date  
02-June-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Michael Koller

5. Manuscript Title  
Gender effects on quality of life and symptom burden in patients with lung cancer.

6. Manuscript Identifying Number (if you know it)  
JTD-20-1054

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Hjermstad has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Krzysztof  

2. Surname (Last Name)  
   Tomaszewski  

3. Date  
   02-June-2020  

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

   Corresponding Author’s Name  
   Michael Koller  

5. Manuscript Title  
   Gender effects on quality of life and symptom burden in patients with lung cancer.  

6. Manuscript Identifying Number (if you know it)  
   JTD-20-1054  

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Section 1. Identifying Information

1. Given Name (First Name)  
   Iwona

2. Surname (Last Name)  
   Tomaszewska

3. Date  
   03-June-2020

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

   Corresponding Author’s Name  
   Michael Koller

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Tomaszewska has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Kjersti

2. Surname (Last Name)  
   Hornslien

3. Date  
   02-June-2020

4. Are you the corresponding author?  
   Yes  No

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   Michael Koller

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Amélie
2. Surname (Last Name) Harle
3. Date 06-December-2019
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title
An international study to validate the updated EORTC QLQ-LC29 module for assessing quality of life in patients with lung cancer.
6. Manuscript Identifying Number (if you know it)

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Dr. Harle has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>Juan Ignacio</td>
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Dr. Arraras has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
ofir

2. Surname (Last Name)  
morag

3. Date  
03-June-2020

4. Are you the corresponding author?  

   - Yes  
   - No

   Corresponding Author’s Name  
   Michael Koller

5. Manuscript Title  
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1. Given Name (First Name) GEORGIOS
2. Surname (Last Name) IOANNIDIS
3. Date 26-May-2020
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name MICHAEL KOLLER
5. Manuscript Title
   Gender effects on quality of life and symptom burden in patients with lung cancer. Results from a prospective, cross-cultural, multi-center study
6. Manuscript Identifying Number (if you know it) JTD-20-1054

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Dr Georgios Ioannidis reports grant funding from the EORTC Quality of Life Group for the conduct of the study.

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<tr>
<td>Chiara</td>
<td>Navarra</td>
<td>08-June-2020</td>
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4. Are you the corresponding author?  
   - Yes  
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Corresponding Author’s Name: Michael Koller

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Wei-Chu  
2. Surname (Last Name)  
   Chie  
3. Date  
   04-June-2020  
4. Are you the corresponding author?  
   Yes  
   No  
   Corresponding Author’s Name  
   Michael Koller  
5. Manuscript Title  
   Gender effects on quality of life and symptom burden in patients with lung cancer.  
6. Manuscript Identifying Number (if you know it)  
   JTD-20-1054

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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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   No

### 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Chie has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Colin

2. Surname (Last Name)  
   Johnson

3. Date  
   05-June-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Michael Koller

5. Manuscript Title  
   Gender effects on quality of life and symptom burden in patients with lung cancer.

6. Manuscript Identifying Number (if you know it)  
   JTD-20-1054

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Dr. Johnson 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)  
   Thomas

2. Surname (Last Name)  
   Bohrer

3. Date  
   08-June-2020

4. Are you the corresponding author?  
   ☑️ No

   - **Corresponding Author’s Name**  
     Michael Koller

5. Manuscript Title  
   Gender effects on quality of life and symptom burden in patients with lung cancer.

6. Manuscript Identifying Number (if you know it)  
   JTD-20-1054

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- ☑️ No
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Dr. Bohrer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Annelies
2. Surname (Last Name)  
   Janssens
3. Date  
   02-December-2019

4. Are you the corresponding author?  
   Yes  
   No

5. Manuscript Title  
   An international study to validate the updated EORTC QLQ-LC29 module for assessing quality of life in patients with lung cancer

6. Manuscript Identifying Number (if you know it)

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Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Janssens has nothing to disclose.

Evaluation and Feedback

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<table>
<thead>
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<th></th>
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</thead>
<tbody>
<tr>
<td>1. Given Name (First Name)</td>
<td>Dagmara</td>
</tr>
<tr>
<td>2. Surname (Last Name)</td>
<td>Kuliś</td>
</tr>
<tr>
<td>3. Date</td>
<td>02-June-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes [ ] No [x]</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Corresponding Author’s Name**: Michael Koller

- **Manuscript Title**: Gender effects on quality of life and symptom burden in patients with lung cancer.

- **Manuscript Identifying Number (if you know it)**: JTD-20-1054

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D. Kuliś has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Andrew
2. Surname (Last Name)  Bottomley
3. Date  03-June-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Michael Koller
5. Manuscript Title
   Gender effects on quality of life and symptom burden in patients with lung cancer.
6. Manuscript Identifying Number (if you know it)  JTD-20-1054

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?  Yes  No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Bottomley 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) Christian
2. Surname (Last Name) Schulz
3. Date 03-June-2020
4. Are you the corresponding author? Yes ✔ No

5. Manuscript Title
   Gender effects on quality of life and symptom burden in patients with lung cancer.

6. Manuscript Identifying Number (if you know it)
   JTD-20-1054

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

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)  Florian
2. Surname (Last Name)  Zeman
3. Date  08-June-2020
4. Are you the corresponding author?  Yes  No  Corresponding Author’s Name  Michael Koller
5. Manuscript Title  Gender effects on quality of life and symptom burden in patients with lung cancer.
6. Manuscript Identifying Number (if you know it)  JTD-20-1054

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information
1. Given Name (First Name)  Michael
2. Surname (Last Name)  Koller
3. Date  08-June-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
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Are there any relevant conflicts of interest?  Yes  No
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Dr. Koller reports grants from EORTC, during the conduct of the study; personal fees from Janssen-Cilag, personal fees from Lilly, personal fees from MSD, outside the submitted work.

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