ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Yeonseok
2. Surname (Last Name)  Choi
3. Date  25-March-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  Sang-Won Um, Ho Yun Lee

5. Manuscript Title  Clinicoradiopathological features and prognosis according to genomic alterations in patients with resected lung adenocarcinoma
6. Manuscript Identifying Number (if you know it)  JTD-20-1716

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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Dr. Choi has nothing to disclose.

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Kim
## Identifying Information

1. Given Name (First Name)  
   Ki-Hwan
2. Surname (Last Name)  
   Kim
3. Date  
   25-March-2020

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

5. Manuscript Title  
   Clinicoradiopathological features and prognosis according to genomic alterations in patients with resected lung adenocarcinoma
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Dr. Kim has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name) 
   Byeong-Ho

2. Surname (Last Name) 
   Jeong

3. Date 
   25-March-2020

4. Are you the corresponding author? 
   Yes ☑ No

Corresponding Author’s Name 
Sang-Won Um, Ho Yun Lee

5. Manuscript Title 
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Dr. Jeong 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)  
   Kyung-Jong

2. Surname (Last Name)  
   Lee

3. Date  
   25-March-2020

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

   Corresponding Author’s Name  
   Sang-Won Um, Ho Yun Lee

5. Manuscript Title  
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Dr. Lee has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Hojoong
2. **Surname (Last Name)**
   - Kim
3. **Date**
   - 25-March-2020
4. **Are you the corresponding author?**
   - Yes
5. **Manuscript Title**
   - Clinicoradiopathological features and prognosis according to genomic alterations in patients with resected lung adenocarcinoma
6. **Manuscript Identifying Number (if you know it)**
   - JTD-20-1716

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   O Jung  
2. Surname (Last Name)  
   Kwon  
3. Date  
   25-March-2020  
4. Are you the corresponding author?  
   [ ] Yes  
   [ ] No  
   ✔  
   Corresponding Author’s Name  
   Sang-Won Um, Ho Yun Lee  

5. Manuscript Title  
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Dr. Kwon has nothing to disclose.

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Dr. Kim has nothing to disclose.

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## Identifying Information

1. **Given Name (First Name)**
   - Yoon-La

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

3. **Date**
   - 25-March-2020

4. **Are you the corresponding author?**
   - Yes [✓]

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   - Sang-Won Um, Ho Yun Lee

5. **Manuscript Title**
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1. Given Name (First Name)  
   Ho Yun  
2. Surname (Last Name)  
   Lee  
3. Date  
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4. Are you the corresponding author?  
   ✔ Yes  
   No

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