

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Julien

2. Surname (Last Name)

Guinde

3. Date

24-July-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Central Location and Risk of Imaging Occult Mediastinal Lymph Node Involvement in cN0T2-4 Non-Small Cell Lung Cancer

6. Manuscript Identifying Number (if you know it)

JTD-20-1565-R1

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Guinde 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)

Etienne

2. Surname (Last Name)

Bourdages-Pageau

3. Date

05-October-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Julien Guinde

5. Manuscript Title

Central Location and Risk of Imaging Occult Mediastinal Lymph Node Involvement in cN0T2-4 Non-Small Cell Lung Cancer

6. Manuscript Identifying Number (if you know it)

JTD-20-1565-R1

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Dr. Bourdages-Pageau has nothing to disclose.

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1. Given Name (First Name)

Paola

2. Surname (Last Name)

Ugalde

3. Date

05-October-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Julien Guinde

5. Manuscript Title

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1. Given Name (First Name) Marc	2. Surname (Last Name) Fortin	3. Date 05-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julien Guinde
5. Manuscript Title Central Location and Risk of Imaging Occult Mediastinal Lymph Node Involvement in cN0T2-4 Non-Small Cell Lung Cancer		
6. Manuscript Identifying Number (if you know it) JTD-20-1565-R1		

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