ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Guido Guerrero

3. Date  
   30-May-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Tracheal and carinal resections in the treatment of Non-Small Cell Lung Cancer: A trend to a minimally invasive approach

6. Manuscript Identifying Number (if you know it)  
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Guido Guerrero 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)**
   - Albert
2. **Surname (Last Name)**
   - Bolaños-Cubillo
3. **Date**
   - 02-May-2020
4. Are you the corresponding author?
   - Yes ✔
   - No □
5. **Manuscript Title**
   - Tracheal and carinal resections in the treatment of Non-Small Cell Lung Cancer: A trend to a minimally invasive approach
6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

- Yes □
- No ✔

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- Yes □
- No ✔

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

- Yes □
- No ✔
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Dr. Bolaños-Cubillo has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Alejandro  

2. Surname (Last Name)  
   García Pérez  

3. Date  
   30-May-2020  

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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Dr. García Pérez has nothing to disclose.

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<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>Diego</td>
<td>Gonzalez Rivas</td>
<td>30-May-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name  
William Guido Guerrero

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Dr. Gonzalez Rivas has nothing to disclose.

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