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)  
Simona

2. Surname (Last Name)  
Castiglioni

3. Date  
07-April-2020

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

5. Manuscript Title  
Multi-modality treatment of locally advanced lung cancer: a focus on Radiotherapy

6. Manuscript Identifying Number (if you know it)  
CCTS-2020-TLC-04(CCTS-20-72)

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Dr. Castiglioni has nothing to disclose.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   flora
2. **Surname (Last Name)**
   cammarano
3. **Date**
   08-April-2020
4. **Are you the corresponding author?**
   - Yes
   - No **[✔]**
   **Corresponding Author’s Name**
   Simona Castiglioni
5. **Manuscript Title**
   Multi-modality treatment of locally advanced lung cancer: a focus on Radiotherapy
6. **Manuscript Identifying Number (if you know it)**
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Dr. cammarano has nothing to disclose.

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1. Given Name (First Name)  
   Cinzia
2. Surname (Last Name)  
   Plasmati
3. Date  
   08-April-2020
4. Are you the corresponding author?  
   ✔ No
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   Simona castiglioni
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Dr. Plasmati has nothing to disclose.

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Di Betta
ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Erika

2. Surname (Last Name)  
Di Betta

3. Date  
07-April-2020

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

Corresponding Author’s Name  
Simona Castiglioni

5. Manuscript Title  
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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paola</td>
<td>Grosso</td>
<td>07-April-2020</td>
</tr>
</tbody>
</table>

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

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

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