

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)
CCTS-2020-TLC-04(CCTS-20-72)

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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?

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)

CCTS-2020-TLC-04(CCTS-20-72)

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1. Given Name (First Name)

Erika

2. Surname (Last Name)

Di Betta

3. Date

07-April-2020

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Yes No

Corresponding Author's Name

Simona Castiglioni

5. Manuscript Title

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Paola

2. Surname (Last Name)

Grosso

3. Date

07-April-2020

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Yes No

Corresponding Author's Name

Simona Castiglioni

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