

ICMJE DISCLOSURE FORM

Date: 5/18/2024

Your Name: Gitte Maria Jørgensen

Manuscript Title: Fra inoperabel til operabel lungekræft via nationalt aortacenter samarbejde

Manuscript Number (if known): -

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 5/20/2024

Your Name: Pia Iben Pietersen

Manuscript Title: Fra inoperabel til operabel lungekræft via nationalt aortacenter samarbejde

Manuscript Number (if known): -

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Modtaget fond bevilling til deltagelse i ESTI Winter Course 2022 af Boehringer Ingelheim	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 5/18/2024

Your Name: Peter Licht

Manuscript Title: Fra inoperabel til operabel lungekræft via nationalt aortacenter samarbejde

Manuscript Number (if known): -

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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Cengiz Akgül

Manuscript Title: Fra inoperabel til operabel lungekræft via nationalt aortacenter samarbejde

Manuscript Number (if known): -

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