

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Slavica

2. Surname (Last Name)
Kochovska

3. Date
19-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
David C. Currow

5. Manuscript Title

Earlier multidisciplinary palliative care intervention for people with lung cancer: a systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)

TLCR-2019-LCMC-05(TLCR-19-420)

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Dr. Kochovska has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Diana

2. Surname (Last Name)
Ferreira

3. Date
19-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
David C. Currow

5. Manuscript Title

Earlier multidisciplinary palliative care intervention for people with lung cancer: a systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)

TLCR-2019-LCMC-05(TLCR-19-420)

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Dr. Ferreira 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) Tim	2. Surname (Last Name) Lockett	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David C. Currow
5. Manuscript Title Earlier multidisciplinary palliative care intervention for people with lung cancer: a systematic review and meta-analysis		
6. Manuscript Identifying Number (if you know it) TLCR-2019-LCMC-05(TLCR-19-420)		

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Dr. Lockett has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jane

2. Surname (Last Name)

Phillips

3. Date

19-March-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

David C. Currow

5. Manuscript Title

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Dr. Phillips has nothing to disclose.

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David

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Currow

3. Date
19-March-2020

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is an unpaid advisory board member for Helsinn Pharmaceuticals. He is a paid consultant and receives payment for intellectual property with Mayne Pharma and is a consultant with Specialised Therapeutics Australia Pty. Ltd

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