ICMJE DISCLOSURE FORM

Date:22th May 2021						
our Name:Michel Gonzalez						
Manuscript Title:Editorial VATS Segmentectomy						
Manuscript number (if known):JOVS 21-27						

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)				
Time frame: Since the initial planning of the work							
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_X_None					
Time frame: past 36 months							
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3	Royalties or licenses	X_None					
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X_None
	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	_X_None
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9	Participation on a Data	_X_None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	X_None
	in other board, society,	
	committee or advocacy	
11	group, paid or unpaid Stock or stock options	X None
11	Stock of Stock options	X_Notice
12	Receipt of equipment,	X None
12	materials, drugs, medical	X_None
	writing, gifts or other	
	services	
13	Other financial or non-	_X_None
	financial interests	

Please summarize the above conflict of interest in the following box:

No conflict of interest		

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

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