Date:Jun. 1 st , 2021
Your Name: Xue-Fang Lu
Manuscript Title: Bronchial morphological changes were associated with postoperative intractable cough after right
upper lobectomy in lung cancer patients
Manuscript number (if known): OIMS-21-368

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 manuscript only</u>.

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.

		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
5		None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
0	testimony	None	
	,		
7	Support for attending	None	
	meetings and/or travel		
	-		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11		A.	
11	Stock or stock options	None	
12	Descipt of annique and	Nava	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.			

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

Date:Jun. 1 st , 2021
our Name: Xin-Pin Min
Manuscript Title: Bronchial morphological changes were associated with postoperative intractable cough after right
upper lobectomy in lung cancer patients
Manuscript number (if known): QIMS-21-368

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11	Stock or stock options	None	
12	Descipt of annique and	Nava	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.			

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

Date:Jun. 1st, 20	<u>21</u>
Your Name:Bia	<u>o Lu</u>
Manuscript Title:	Bronchial morphological changes were associated with postoperative intractable cough after right
upper lobectomy in	lung cancer patients
Manuscript numbe	r (if known): OIMS-21-368

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11	Stock or stock options	None	
12	Descipt of annique and	Nava	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.			

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

Date:Jun. 1 st , 2021
Your Name: Guo-Hua Fan
Manuscript Title: Bronchial morphological changes were associated with postoperative intractable cough after right
upper lobectomy in lung cancer patients
Manuscript number (if known): QIMS-21-368

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	manuscript writing or		
	educational events		
6	Payment for expert	None	
0	testimony	None	
	,		
7	Support for attending	None	
	meetings and/or travel		
	-		
8	Patents planned, issued or	None	
	pending		
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	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11		A.	
11	Stock or stock options	None	
12	Descipt of annique and	Nava	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-financial interests	None	

None.			

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

Date:Jun. 1 st , 2021
Your Name: Tie-Yuan Zhu
Manuscript Title: Bronchial morphological changes were associated with postoperative intractable cough after right
upper lobectomy in lung cancer patients
Manuscript number (if known): OIMS-21-368

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8	Patents planned, issued or	None	
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12	Receipt of equipment, materials, drugs, medical	None	
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13	Other financial or non-financial interests	None	

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