

## ICMJE DISCLOSURE FORM

Date: May. 1<sup>st</sup>, 2022

Your Name: Yongfei Zhang

Manuscript Title: Management of descending necrotizing mediastinitis with severe thoracic empyema using minimally invasive video-assisted thoracoscopic surgery: a case report

Manuscript number (if known): TP-22-60

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.

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

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.

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Date: May. 1<sup>st</sup>, 2022

Your Name: Wei Wang

Manuscript Title: Management of descending necrotizing mediastinitis with severe thoracic empyema using minimally invasive video-assisted thoracoscopic surgery: a case report

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Your Name: Xiaowei Xin

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Your Name: Youpeng Jin

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Your Name: Wei Liu

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