

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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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Izumi

2. Surname (Last Name)

Kawagoe

3. Date

17-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Postoperative analgesia in patients undergoing robot-assisted thoracic surgery: A comparison between thoracic epidural analgesia and intercostal nerve block combined with intravenous patient-controlled analgesia

6. Manuscript Identifying Number (if you know it)

APM-20-1607

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Are there any relevant conflicts of interest? Yes No

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Dr. Kawagoe 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) Masakazu	2. Surname (Last Name) Hayashida	3. Date 20-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Izumi Kawagoe
5. Manuscript Title Postoperative analgesia in patients undergoing robot-assisted thoracic surgery: A comparison between thoracic epidural analgesia and intercostal nerve block combined with intravenous patient-controlled analgesia		
6. Manuscript Identifying Number (if you know it) APM-20-1607		

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Dr. Hayashida has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Daizoh

2. Surname (Last Name)

Satoh

3. Date

19-October-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Izumi Kawagoe

5. Manuscript Title

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APM-20-1607

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Section 1. Identifying Information

1. Given Name (First Name) Tsukasa	2. Surname (Last Name) Kochiyama	3. Date 19-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Izumi Kawagoe
5. Manuscript Title Postoperative analgesia in patients undergoing robot-assisted thoracic surgery: A comparison between thoracic epidural analgesia and intercostal nerve block combined with intravenous patient-controlled analgesia		
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Masataka

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Fukuda

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19-October-2020

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Yes No

Corresponding Author's Name

Izumi Kawagoe

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Issued: The patent has been issued by the agency

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name) Jun	2. Surname (Last Name) Kishii	3. Date 23-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Izumi Kawagoe
5. Manuscript Title Postoperative analgesia in patients undergoing robot-assisted thoracic surgery: A comparison between thoracic epidural analgesia and intercostal nerve block combined with intravenous patient-controlled analgesia		
6. Manuscript Identifying Number (if you know it) APM-20-1607		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Kishii has nothing to disclose.

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