

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)
Meinoshin

2. Surname (Last Name)
Okumura

3. Date
10-April-2018

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
VATS thymectomy—bilateral approach for extended resection

6. Manuscript Identifying Number (if you know it)
MED-2017-MIT-07 (MED-18-3)

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Dr. Okumura 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) Yasushi	2. Surname (Last Name) Shintani	3. Date 10-April-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Meinoshin Okumura
5. Manuscript Title VATS thymectomy—bilateral approach for extended resection		
6. Manuscript Identifying Number (if you know it) MED-2017-MIT-07 (MED-18-3)		

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Dr. Shintani 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)
Soichiro

2. Surname (Last Name)
Funaki

3. Date
10-April-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Meinoshin Okumura

5. Manuscript Title
VATS thymectomy—bilateral approach for extended resection

6. Manuscript Identifying Number (if you know it)
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Dr. Funaki has nothing to disclose.

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1. Given Name (First Name)
Ryu

2. Surname (Last Name)
Kanzaki

3. Date
10-April-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Meinoshin Okumura

5. Manuscript Title
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Dr. Kanzaki has nothing to disclose.

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ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Naoko

2. Surname (Last Name)

Ose

3. Date

10-April-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Meinoshin Okumura

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Dr. Ose has nothing to disclose.

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Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)
Masato

2. Surname (Last Name)
Minami

3. Date
10-April-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Meinoshin Okumura

5. Manuscript Title
VATS thymectomy—bilateral approach for extended resection

6. Manuscript Identifying Number (if you know it)
MED-2017-MIT-07 (MED-18-3)

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.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Minami has nothing to disclose.

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