ICMJE DISCLOSURE FORM

Date: April 22	^{2nd, 2021}
Your Name:	LULA LUKADI Joseph
Manuscript Title:	PULMONARY HERNIA AFTER THORACOSCOPY. CASE REPORT
Manuscript numb	per (if known): AS-21-19

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> <u>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.

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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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services 13 Other financial or nonX_None				
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financial interests	13		XNone	
		financial interests		

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:

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

ICMJE DISCLOSURE FORM

Date: <u>April 22nd, 2021</u>	
Your Name: Dominique GOSSOT	
Manuscript Title:Pulmonary Herniation after thoracoscopy. Case repor	
Manuscript number (if known): AS-21-19	

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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		Time mame. Since the mittal	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	Delacroix-Chavalier	

5	Payment or honoraria for lectures, presentations,	Metronic Olympus	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
	penung		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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

The author receives consulting fees from Delacroix-Chevalier and lecture fees from Metronic and Olympus

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.

ICMJE DISCLOSURE FORM

Date:April 22 nd 2021
Your Name:Agathe SEGUIN-GIVELET
Manuscript Title: PULMONARY HERNIA AFTER THORACOSCOPY. CASE REPORT
Manuscript number (if known): AS-21-19

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	AstraZeneca	Consulting/personal fees

5	Payment or honoraria for	Medtronic	Personnal Feel as speaker
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	News	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
′	meetings and/or travel	None	
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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		
11	group, paid or unpaid	Mana	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Dr. Agathe SEGUIN-GIVELET	received personal fees from	AstraZeneca as consultant an	d from Medtronic as speaker

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