

ICMJE DISCLOSURE FORM

Date: July 12, 2021

Your Name: Yosuke Matsuura

Manuscript Title: Thoracoscopic lymphadenectomy via multiporttal approach

Manuscript number (if known): ASJ-2021-LTS-02

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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		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			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
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Please summarize the above conflict of interest in the following box:

The author has no conflicts of interest to declare.

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

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Date: July 12, 2021

Your Name: Kohei Hashimoto

Manuscript Title: Thoracoscopic lymphadenectomy via multiporttal approach

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Date: July 12, 2021

Your Name: Junji Ichinose

Manuscript Title: Thoracoscopic lymphadenectomy via multiporttal approach

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Date: July 12, 2021

Your Name: Masayuki Nakao

Manuscript Title: Thoracoscopic lymphadenectomy via multiporttal approach

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Your Name: Mingyon Mun

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