Date:	10 AUGUST 2022
Your Name:	DIEGO GONZALEZ RIVAS
Manu	script Title
-	ortal video-assisted thoracoscopic lung sparing tracheo-bronchial and nal sleeve resections
Manuscript nur	nber (if known):

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	None	
		Time frame: past	36 months
2		None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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 th form.						

Date	e:10 AUGUST 2022	
	Your Name: Konstantinos Marios So	pultanis
	Manuscript Title	
	Uniportal video-assisted thoracosc carinal sleeve resections	opic lung sparing tracheo-bronchial and
Man	nuscript number (if known):	
relat parti to tr relat	ted to the content of your manuscript. "Related" ries whose interests may be affected by the contertansparency and does not necessarily indicate a bitionship/activity/interest, it is preferable that you	
to th	• • • • • • • • • • • • • • • • • • • •	be <u>defined broadly</u> . For example, if your manuscript pertains are all relationships with manufacturers of antihypertensive in the manuscript.
	em #1 below, report all support for the work repo time frame for disclosure is the past 36 months.	orted in this manuscript without time limit. For all other items,
	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the interest of the interest o	Specifications/Comments (e.g., if payments were made to you or to your institution) initial planning of the work

needed)

Time frame: Since the initial planning of the work

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.

Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

None.	

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

Date	e:10 AUGUST 202	2	
	Your Name:A	LEJANDRO GARCIA	
	Manuscript Title		
	Uniportal video-a carinal sleeve res	•	c lung sparing tracheo-bronchial and
Mar	nuscript number (if known):	<u> </u>	
relat part to tr	ted to the content of your r ies whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of the manuscript about whether to list a so.
	following questions apply t	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th	- ·	nsion, you should declare	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items
		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 initia	l planning of the work
1	All support for the present	None	

manuscript (e.g., funding,

medical writing, article processing charges, etc.)

None provision of study materials, No time limit for this item. Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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11	Stock or stock options	None	
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13	Other financial or non- financial interests	None	

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Date:	10 AUGUST 2022	2		
	Your Name:K	AIYUN YANG		
	Manuscript Title			
	Uniportal video-as carinal sleeve res	-	c lung sparing tracheo-bronchial and	
Manuso	cript number (if known):			
related parties to trans relation The foll	to the content of your me whose interests may be sparency and does not no aship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do	elationships/activities/interests listed below that is any relation with for-profit or not-for-profit this the manuscript. Disclosure represents a commitmal of you are in doubt about whether to list a so. s/activities/interests as they relate to the current	rd nent
to the e	pidemiology of hyperter		efined broadly. For example, if your manuscript pull relationships with manufacturers of antihypertoe manuscript.	
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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	

whom you have this relationship or indicate none (add rows as needed)

Time frame: Since the initial planning of the work

All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)

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Whom you have this (e.g., if payments were made to you or to your institution)

Image: Since the initial planning of the work

None

None

Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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 of form.						

Date:	10 AUGUST 2022	
	Your Name:YUE QING	
	Manuscript Title	
	Uniportal video-assisted thoracoso carinal sleeve resections	copic lung sparing tracheo-bronchial and
Manusc	cript number (if known):	
related parties to trans	to the content of your manuscript. "Related" whose interests may be affected by the conte	e all relationships/activities/interests listed below that are means any relation with for-profit or not-for-profit third nt of the manuscript. Disclosure represents a commitment ias. If you are in doubt about whether to list a u do so.
	lowing questions apply to the author's relatior cript only.	nships/activities/interests as they relate to the <u>current</u>
to the e		be <u>defined broadly</u> . For example, if your manuscript pertains lare all relationships with manufacturers of antihypertensive in the manuscript.
	#1 below, report all support for the work report frame for disclosure is the past 36 months.	orted in this manuscript without time limit. For all other items
	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the	(e.g., if payments were made to you or to your

relationship or indicate none (add rows as needed)

Time frame: Since the initial planning of the work

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.

relationship or indicate institution)

Institution

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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 of form.						

Date:	10 AUGUST 2022	
	Your Name:LINHUA YIE	
	Manuscript Title	
	Uniportal video-assisted thoracose carinal sleeve resections	copic lung sparing tracheo-bronchial and
Manuso	cript number (if known):	
related parties to trans relation	to the content of your manuscript. "Related" whose interests may be affected by the contesparency and does not necessarily indicate a baship/activity/interest, it is preferable that yo	
	lowing questions apply to the author's relation cript only.	enships/activities/interests as they relate to the <u>current</u>
to the e medica	epidemiology of hypertension, you should dec tion, even if that medication is not mentioned	•
	#1 below, report all support for the work report frame for disclosure is the past 36 months.	orted in this manuscript without time limit. For all other items
	Name all entities with whom you have this relationship or indicat none (add rows as needed)	(e.g., if payments were made to you or to your

relationship or indicate none (add rows as needed)

Time frame: Since the initial planning of the work

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No time limit for this item.

relationship or indicate institution)

Institution

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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.

Dat	e:10 AUGUST 202	2	
	Your Name:(Guangqiang Zhao	
	Manuscript Title		
	Uniportal video-a carinal sleeve res	•	c lung sparing tracheo-bronchial and
Mai	nuscript number (if known):		
rela part to t	ited to the content of your n ties whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the current
to t		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.
	tem #1 below, report all sup time frame for disclosure is	·	in this manuscript without time limit. For all other items,
		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 initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	

medical writing, article processing charges, etc.)

No time limit for this item.

	Time frame: past 36 months			
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		
4	Consulting fees	None		
5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events			
6	Payment for expert	None		
	testimony			
_				
7	Support for attending	None		
	meetings and/or travel			
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	News		
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		
13	financial interests			
	andar meer ests			

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.

Date:_	10 AUGUST 20	122			
	Your Name:	Anning Chen			
	Manuscript Title				
	Uniportal video-assisted thoracoscopic lung sparing tracheo-bronchial and carinal sleeve resections				
Manus	cript number (if known	ı):			
	· · · · · · · · · · · · · · · · · · ·	y, we ask you to disclose all relationships/activities/interests listed below that are			

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	None	

		Time from several	26 months
2	Grants or contracts from	Time frame: past	. 36 Months
2	any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
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4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
_	Posticipation on a Data	Nana	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descript of a surject set	NI	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement:
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Date	e:10 AUGUST 2022	2		
	Your Name:Y	'unchao Huang		
	Manuscript Title			
	Uniportal video-a	ssisted thoracoscopic	c lung sparing tracheo-bronchial and	
	carinal sleeve res	ections		
Mar	nuscript number (if known):			
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mar	nuscript only.	·		_
to t	he epidemiology of hyperter dication, even if that medica	nsion, you should declare a tion is not mentioned in th	·	rtensive
	em #1 below, report all sup time frame for disclosure is	·	in this manuscript without time limit. For all ot	her items
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		none (add rows as needed)		
		Time frame: Since the initial	planning of the work	
1	All support for the present	None		

manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)

No time limit for this item.

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		-: t	26
2		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
2	in item #1 above).	Name	
3	Royalties or licenses	None	
4	Consulting fees	None	
4	Consulting rees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
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	N	
11	Stock or stock options	None	
12	Descipt of agricument	Nana	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:	
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Date	e:10 AUGUST 202	2	
	Your Name:(Guangjian Li	
	Manuscript Title		
	•	-	c lung sparing tracheo-bronchial and
	carinal sleeve res	ections	
Mar	nuscript number (if known):		
rela part to ti rela	ted to the content of your n ties whose interests may be ransparency and does not no tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. so. s/activities/interests as they relate to the current
mar	nuscript only.		· · · · · · · · · · · · · · · · · · ·
to tl		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	institution,
		needed)	
		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		

medical writing, article processing charges, etc.)

	No time limit for this item.	
		Time frame: nest 26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 months None
3	Royalties or licenses	None
4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
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7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
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X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:10 AUGUST 2022					
Your Name:GENING JIANG					
Manuscript Title					
Uniportal video-assisted thoracoscopic lung sparing tracheo-bronchial and carinal sleeve resections					
Manuscript number (if known):	_				

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