

ICMJE DISCLOSURE FORM

Date: 26/03/2021
 Your Name: Jihong Lin
 Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy
 Manuscript number (if known): JTD-21-529

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 current manuscript only.

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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.	<u>None</u>	
Time frame: past 36 months			
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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	

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

Dr. Lin has nothing to disclose.

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: 26/03/2021
 Your Name: Shuchen Chen
 Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy
 Manuscript number (if known): JTD-21-529

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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	

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

Dr. Chen has nothing to disclose.

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: 26/03/2021
 Your Name: Kaiming Peng
 Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy
 Manuscript number (if known): JTD-21-529

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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	

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

Dr. Peng has nothing to disclose.

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: 26/03/2021
 Your Name: Lei Gao
 Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy
 Manuscript number (if known): JTD-21-529

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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	

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

Dr. Gao has nothing to disclose.

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: 26/03/2021
 Your Name: Shaobin Yu
 Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy
 Manuscript number (if known): JTD-21-529

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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	

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

Dr. Yu has nothing to disclose.

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: 26/03/2021
 Your Name: Peipei Zhang
 Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy
 Manuscript number (if known): JTD-21-529

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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	

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

Dr. Zhang has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: 26/03/2021
 Your Name: Zhimin Shen
 Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy
 Manuscript number (if known): JTD-21-529

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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	

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

Dr. Shen has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: 26/03/2021
 Your Name: Junjie He
 Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy
 Manuscript number (if known): JTD-21-529

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13	Other financial or non-financial interests	___ None	

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

Dr. He has nothing to disclose.

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: 26/03/2021
 Your Name: Mingqiang Kang
 Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy
 Manuscript number (if known): JTD-21-529

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Dr. Kang has nothing to disclose.

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