

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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Section 1. Identifying Information

1. Given Name (First Name) Elodie	2. Surname (Last Name) BERG	3. Date 22-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name PAGES Pierre-Benoit
5. Manuscript Title Interest of anatomical segmentectomy over lobectomy for lung cancer: a nationwide study		
6. Manuscript Identifying Number (if you know it) JTD-20-2203 R1		

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Dr. BERG has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Leslie	2. Surname (Last Name) MADELAINE	3. Date 22-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name PAGES Pierre-Benoit
5. Manuscript Title Interest of anatomical segmentectomy over lobectomy for lung cancer: a nationwide study		
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Dr. MADELAINE has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jean-Marc

2. Surname (Last Name)
BASTE

3. Date
22-February-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
PAGES Pierre-Benoit

5. Manuscript Title
Interest of anatomical segmentectomy over lobectomy for lung cancer: a nationwide study

6. Manuscript Identifying Number (if you know it)
JTD-20-2203 R1

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
INTUITIVE SURGICAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. BASTE reports personal fees from INTUITIVE SURGICAL, outside the submitted work; .

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name PAGES Pierre-Benoit
5. Manuscript Title Interest of anatomical segmentectomy over lobectomy for lung cancer: a nationwide study		
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Dr. DAHAN has nothing to disclose.

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1. Given Name (First Name) Pascal	2. Surname (Last Name) THOMAS	3. Date 22-February-2021
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Dr. THOMAS 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) Pierre-Emmanuel	2. Surname (Last Name) FALCOZ	3. Date 22-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name PAGES Pierre-Benoit
5. Manuscript Title Interest of anatomical segmentectomy over lobectomy for lung cancer: a nationwide study		
6. Manuscript Identifying Number (if you know it) JTD-20-2203 R1		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. FALCOZ 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) Emmanuel	2. Surname (Last Name) MARTINOD	3. Date 22-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name PAGES Pierre-Benoit
5. Manuscript Title Interest of anatomical segmentectomy over lobectomy for lung cancer: a nationwide study		
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Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. MARTINOD has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Alain

2. Surname (Last Name)

BERNARD

3. Date

22-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

PAGES Pierre-Benoit

5. Manuscript Title

Interest of anatomical segmentectomy over lobectomy for lung cancer: a nationwide study

6. Manuscript Identifying Number (if you know it)

JTD-20-2203 R1

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)
Pierre-Benoit

2. Surname (Last Name)
PAGES

3. Date
22-February-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Interest of anatomical segmentectomy over lobectomy for lung cancer: a nationwide study

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
INTUITIVE SURGICAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MEDTRONIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. PAGES reports personal fees from INTUITIVE SURGICAL, personal fees from MEDTRONIC, outside the submitted work; .

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