Date: 30. April. 2021	•	4	
Your Name: Ryuichi Yoshimura		•	
Manuscript Title: Validation of com	pletion lobectomy after wedge	e resection for <20 mm	n non-small cell lu

Manuscript number (if known):

relationship/activity/interest, it is preferable that you do so.

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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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)
			al planning of the work
1	All support for the present	X_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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ing vive	and the second section of the second section of the second section of the second section of the second section	Time frame: pas	t 36 months
2.	Grants or contracts from	X_None	
	any entity (if not indicated		
	in Item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for	X None	
	lectures, presentations, speakers bureaus, manuscript writing or		
	educational events	·	
6	Payment for expert testimony	× None	
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	<u> </u>	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fol	lowing box:
-	or Yoshimura has nothing to dis	close.	

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

Date:	30.	April.	2021
vate.	JV.	April.	2021

Your Name: Hiroyuki Deguchi

Manuscript Title: Validation of completion lobectomy after wedge resection for ≤20 mm non-small cell lung cancer

Manuscript number (if known):

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1		Time frame: Since the initia	I 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>x</u> None	
	<u> Marijana da da</u>	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X None	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	<u>×</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>X</u> None	
11	Stock or stock options	<u>X_None</u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	X None	
Plea	se summarize the above co	nflict of interest in the fo	llowing box:
Б	r Deguchi has nothing to disclo	se.	
		•	

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

Your Name: Makoto Tomoyasu	<u>.</u>					
Manuscript Title: Validation of	completion l	obectomy aft	er wedge resection	n for ≤20 mr	n non-small ce	ll lung cancei
Manuscript number (if known)	•					
		÷				

Date: 30. April. 2021

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		Time frame: Since the initia	al 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.	X None	
	garaga ya mandan da manaka ka	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	X_None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X None</u>	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	<u>X</u> 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 None	
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	X None	
	ase summarize the above co		ollowing box:
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Date:	30.	April.	202	1,
Your I	Nam	e: Sat	oshi	Kudo

Manuscript Title: Validation of completion lobectomy after wedge resection for ≤20 mm non-small cell lung cancer

Manuscript number (if known):\_

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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 initia	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.	X_None  Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> Nòne	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	XNone	

Payment or honoraria for lectures, presentations,	X None	
manuscript writing or educational events		
Payment for expert testimony	x_None	
Support for attending meetings and/or travel	<u>X</u> None	
Patents planned, issued or pending	X_None	
Participation on a Data Safety Monitoring Board or Advisory Board	None	
Leadership or fiduciary role in other board, society, committee or advocacy	X None	
Stock or stock options	<u>X</u> None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
Other financial or non- financial interests	None	
se summarize the above co	nflict of interest in th	ne following box:
r Kudo has nothing to disclose.		
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	speakers bureaus, manuscript writing or educational events Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-  None

 $\frac{\chi}{2}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 30. April. 2021	Date:	30.	April.	2021
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Your Name: Wataru Shigeeda

Manuscript Title: Validation of completion lobectomy after wedge resection for ≤20 mm non-small cell lung cancer

Manuscript number (if known):\_

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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 initi	al 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.	_X_None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	at 36 months
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	None	

	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
•	Payment for expert	X_None	
	testimony		
i di Makan			
7	Support for attending	X_None	
	meetings and/or travel		
<u> </u>	Patents planned, issued or	X None	
• ::::	pending	7 ( None )	
)	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board	V None	
LO	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
- 1	group, paid or unpaid		
1	Stock or stock options	<u>χ</u> None	
•	D	V N	
2	Receipt of equipment, materials, drugs, medical	_ <u>&gt;</u> None	· · · · · · · · · · · · · · · · · · ·
	writing, gifts or other		
	services		
.3	Other financial or non-	<u>X</u> None	
	financial interests		
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lea	se summarize the above co	nflict of interest in the	following box:
D	r Shigeeda has nothing to discl	ose.	
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l .			
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lea	se place an "X" next to the	following statement to	o indicate your agreement:

form.

Date: 30. April. 2021				
Your Name: Yuka Kaneko				

Manuscript Title: <u>Validation of completion lobectomy after wedge resection for ≤20 mm non-small cell lung cancer</u>

Manuscript number (if known):

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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)
$\mathbb{N} = \mathbb{I}$		Time frame: Since the initia	al planning of the work
<b>1</b>	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	
	director como orden de differencia	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	X None	
4	Consulting fees	None	

	Payment or honoraria for	X None	
	lectures, presentations,	f .	
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	<u> </u>	
	testimony		
		· .	
	Support for attending	<u>X</u> None	
	meetings and/or travel		
	Patents planned, issued or	None	
	pending		
	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
0	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	<u></u> None	
		V	
2	Receipt of equipment,	<u>X</u> None	
	materials, drugs, medical writing, gifts or other		
14	services		
3	Other financial or non-	X None	
-	financial interests	<u> </u>	
estal.	<u> </u>	<u>Parattaran an matematika na Indonesia Italian da Amademata da Amba</u>	
			•
lea	ise summarize the above co	nflict of interest in the fo	ollowing box:
D	r Kaneko has nothing to disclos	e.	
	•		
	•		
les	ise place an "Y" nevt to the	following statement to i	ndicate vour agreement
ea	ase place an "X" next to the f	following statement to i	ndicate your agreement:

Date: 30. April. 2021			
Your Name: Hironaga Kanno		,	
Manuscript Title: Validation of completion lobectomy after wed	ge resection for ≤20	mm non-small c	ell lung cance
Manuscript number (if known):			
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		Time frame: Since the initia	al 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.	_X_None	
		Time frame: pas	t 26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
-3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	<u>X</u> None	
	speakers bureaus, manuscript writing or educational events		
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	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	<u>X</u> None	
Plea	ise summarize the above co	enflict of interest in the fo	llowing box:
D	r Kanno has nothing to disclose	2.	

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

form.

Date:	30. Ap	oril. 202	1
Your I	Vame:	Hajime	Saito

Manuscript Title: <u>Validation of completion lobectomy after wedge resection for ≤20 mm non-small cell lung cancer</u>

Manuscript number (if known):

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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)
11.1	eren jarren badarren erren bereita bilarren bilarren bereita bilarren b	Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	_X_None	
	medical writing, article processing charges, etc.)  No time limit for this item.		
	Park Carlos Carl	Time frame: pas	t 36 months
2 .	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	X None	
4	Consulting fees	None	

5	Payment or honoraria for	X None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>X</u> None	
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	
	nse summarize the above co r Saito has nothing to disclose.	nflict of interest in the fol	lowing box:

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