

ICMJE DISCLOSURE FORM

Date: 30. April. 2021

Your Name: Ryuichi Yoshimura

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

Manuscript number (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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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)	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			
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4	Consulting fees	<input checked="" type="checkbox"/> None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Dr Yoshimura has nothing to disclose.

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

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: 30. 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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Dr Deguchi has nothing to disclose.

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

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: 30. April. 2021

Your Name: Makoto Tomoyasu

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

Dr Tomoyasu has nothing to disclose.

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

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: 30. April. 2021

Your Name: Satoshi 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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Please summarize the above conflict of interest in the following box:

Dr Kudo has nothing to disclose.

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

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: 30. April. 2021

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

Dr Shigeeda has nothing to disclose.

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

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: 30. April. 2021

Your Name: Yuka Kaneko

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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Dr Kaneko has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: 30. April. 2021

Your Name: Hironaga Kanno

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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Dr Kanno has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: 30. April. 2021

Your Name: Hajime Saito

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Dr Saito has nothing to disclose.

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

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