**Date: 26th July 2021** 

Your Name: Fernando C. Abrão

Manuscript Title: Enhanced Recovery After Surgery (ERAS®) protocol adapted to the Brazilian reality: a prospective cohort

study for thoracic patients.

Manuscript number (if known): JTD-21-920

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 manuscript</u> <u>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.

		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)
	I	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.		
	No time illint for this item.		
		<b>Time for more than 1</b>	26
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).	N.	
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 meetings and/or travel	None	
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		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descript of a surject set	NI s is s	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Nothing to Declare.			

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

**Date: 26th July 2021** 

Your Name: Sabrina Araujo de Franca

Manuscript Title: Enhanced Recovery After Surgery (ERAS®) protocol adapted to the Brazilian reality: a prospective cohort

study for thoracic patients.

Manuscript number (if known): JTD-21-920

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3	Royalties or licenses	None	
4	Consulting fees	None	

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	speakers' bureaus,		
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	testimony		
7	Support for attending meetings and/or travel	None	
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		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descript of a surject set	NI s is s	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Nothing to Declare.			

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

**Date:** 26<sup>th</sup> July 2021

Your Name: Igor R.L.B. de Abreu

Manuscript Title: Enhanced Recovery After Surgery (ERAS®) protocol adapted to the Brazilian reality: a prospective cohort

study for thoracic patients.

Manuscript number (if known): JTD-21-920

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4	Consulting fees	None	

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	testimony		
7	Support for attending meetings and/or travel	None	
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		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descript of a surject set	NI s is s	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Nothing to Declare.			

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

**Date: 26th July 2021** 

Your Name: João Carlos das Neves Pereira

Manuscript Title: Enhanced Recovery After Surgery (ERAS®) protocol adapted to the Brazilian reality: a prospective cohort

study for thoracic patients.

Manuscript number (if known): JTD-21-920

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	No time limit for this item.		
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		<b>Time for more than 1</b>	26
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2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).	N.	
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 meetings and/or travel	None	
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		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descript of a surject set	NI s.u.s	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Nothing to Declare.			

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

**Date: 26th July 2021** 

Your Name: Emílio C. del Massa

Manuscript Title: Enhanced Recovery After Surgery (ERAS®) protocol adapted to the Brazilian reality: a prospective cohort

study for thoracic patients.

Manuscript number (if known): JTD-21-920

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.

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	any entity (if not indicated		
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers' bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
4.0			
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Nothing to Declare.			

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

**Date:** 26<sup>th</sup> July 2021 **Your Name:** Andréa Oliver

Manuscript Title: Enhanced Recovery After Surgery (ERAS®) protocol adapted to the Brazilian reality: a prospective cohort

study for thoracic patients.

Manuscript number (if known): JTD-21-920

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3	Royalties or licenses	None	
4	Consulting fees	None	

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	speakers' bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
4.0			
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Nothing to Declare.			

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

**Date: 26th July 2021** 

Your Name: Maria Gabriela C. Cavalcante

Manuscript Title: Enhanced Recovery After Surgery (ERAS®) protocol adapted to the Brazilian reality: a prospective cohort

study for thoracic patients.

Manuscript number (if known): JTD-21-920

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3	Royalties or licenses	None	
4	Consulting fees	None	

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	speakers' bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
4.0			
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Nothing to Declare.			

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