Date:	3/10/2021	
Your Nar	me:	
REDHA S	SOUILAMAS	
Manuscr	ript Title:THORACIC SURGERY IN	
UAE	5. V—V—V	
Manuscr	rint 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.

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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)
E S		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	
1011		Time frame: pas	st 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	_x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
U	testimony	None	
	testimony		
7	Support for attending	_x_None	
,	meetings and/or travel		
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	_X_None	
	Safety Monitoring Board or		*
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid	1	
11	Stock or stock options	X None	
1			
<u> </u>			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_x_None	
	financial interests		
	1		

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

None			
- (4			

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

Date:	9/29/2021
Your Name:	Mateen Uzbeck
Manuscript Title:	Thoracic surgery in United Arab Emirates
Manuscript Number (if known):	JTD-21-1109-R1

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		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plann	ng 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.	None	ER SEISH E. WILLIAM SERVER BERK
	8 (1 mg/s) (1 mg/s)	Time frame: past 36 mo	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	

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			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses		None	
4	Consulting fees		None	
5	Payment or honoraria for lectures,		None	:
	presentations, speakers			
	bureaus, manuscript writing or educational events			
6	Payment for expert testimony		None	
7	Support for attending		None	
	meetings and/or travel			
8	Patents planned,		None	
Ü	issued or pending		None	
9	Participation on a Data Safety Monitoring		None	
	Board or Advisory Board			
10	fiduciary role in		None	
	other board,			

Malen Hirbs 1/4/18/26/2021

		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)
	society, committee or advocacy group, paid or unpaid		
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	
Ple		at to the following statement to indicate your agree	

Mater Fri July 8/26/2021

Date:29 SEPTEMBER 2021	
Your Name:YUSUF BAYRAK	
Manuscript Title:THORACIC SURGERY IN UNITED ARAB EMIRATES	
Manuscript number (if known):JTD-21-1109-R1	

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17.14		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	

Yusuf Bayrak
Associate Staff Physician, Thoracia Surr
DOH License No.: GD257ab
Cleveland Clinic Abu Dhatal

5	Payment or honoraria for lectures, presentations,	_XNone	,
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	*
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	X_None	
	se summarize the above co	nflict of interest in the foll	owing box:
			licate your agreement:
	* V	Yusuf Bayrak ate Staff Physician, Thoracic surgery OH Licenise No.:GD25790 eveland Clinic Abu Dhabi	

Date:	09/29/2021
Your Name:	GUENIF Nacira
Manuscript Title:	"THORACIC SURGERY IN UNITED ARAB EMIRATES (UAE)"
Manuscript number (if kno	own): JTD-21-1109-R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
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	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

None of any kind			

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

Date:Sep	otember 29, 202	1				
Your Name:Fad	i HAMED					
Manuscript Title:	THORACIC	SURGERY	IN UNITED	ARAB I	EMIRATES	(UAE)
Manuscript numbe	r (if known):	ITD-21-	-1109-R1			

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2	Grants or contracts from	Time frame: past None	36 months
2	any entity (if not indicated in item #1 above).	None	
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	None	
,	meetings and/or travel		
	Ç ,		
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	D	A.I	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	llowing box:

Date:	9/29/2021
Your Name:	Irfan Shafiq
Manuscript Title:	Thoracic surgery in United Arab Emirates
Manuscript Number (if known):	JTD-21-1109-R1

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	The self-first Children and confidence on the decide	s with whom you have this ndicate 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
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		in treatment (see a subsequent of the subsequent
		Time frame: past 36 month	ns and the second secon
Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		A
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	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 None	relationship or indicate none (add rows as needed) Time frame: Since the initial planning 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. Time frame: past 36 month of the procession of study materials, medical writing, article processing charges, etc.) No time limit for this item.

		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)
	Royalties or licenses	None None
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	leadership or fiduciary role in other board,	⊠ None

8/26/2021

Jah Al

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	society, committee or advocacy group, paid or unpaid					
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			
Ple	Please place an "X" next to the following statement to indicate your agreement:					

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

Jun Je

 \boxtimes

Date:	September 29, 2021
Your Name:	VIVEK KAKAR
Manuscript Title	e: THORACIC SURGERY IN UNITED ARAB EMIRATES (UAE)
Manuscript nun	nber (if known): ITD-21-1109-R1

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2	Grants or contracts from	Time frame: past None	36 months
2	any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
educational events Payment for expert	None	
Payment for expert	None	
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Support for attending meetings and/or travel	None	
	None	
pending		
Participation on a Data	None	
Safety Monitoring Board or		
	N.	
	None	
group, paid or unpaid		
Stock or stock options	None	
Receipt of equipment,	None	
materials, drugs, medical		
	None	
financial interests	None	
se summarize the above cor	oflict of interest in the f	following box:
	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	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

Date:3/10/2021
Your Name: Mahmoud Elkaissi_MD MPH
Manuscript Title: Thoracic Surgery in United Arab Emirates Manuscript number (if known):
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	_xNone	
4	Consulting fees	None	

5	Payment or honoraria for	_xNone				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
_	educational events	Name				
6	Payment for expert	_xNone				
	testimony					
7	Support for attending	x None				
/	meetings and/or travel	xNone				
	lineetings and/or traver					
8	Patents planned, issued or	_xNone				
	pending					
9	Participation on a Data	_xNone				
	Safety Monitoring Board or Advisory Board					
10	•	No.				
10	Leadership or fiduciary role in other board, society,	_xNone				
	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-	_xNone				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					
N	lone					

Date:O	ctober 3thd, 2021	•				
Your Name:HI	CHAM ABADA					
Manuscript Title:	THORACIC	SURGERY	IN UNITED	ARAB E	MIRATES ((UAE)
Manuscript numb	er (if known):	ITD-21	-1109-R1			

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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).	Time frame: past _xNone	36 months
3	Royalties or licenses	_xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	_xNone				
	educational events					
6	Payment for expert testimony	_xNone		_		
7	Support for attending meetings and/or travel	xNone				
8	Patents planned, issued or	_xNone				
	pending					
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9	Participation on a Data Safety Monitoring Board or	xNone				
	Advisory Board					
10	Leadership or fiduciary role	xNone				
	in other board, society,					
	committee or advocacy group, paid or unpaid					
11	Stock or stock options	_xNone				
12	Descipt of annium ant	Nana				
12	Receipt of equipment, materials, drugs, medical	_xNone		_		
	writing, gifts or other services					
13	Other financial or non-	xNone				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					
N	None					

Date:Sep	tember 29, 20	21				
Your Name:Fad	M. Youness					
Manuscript Title:	THORACIO	SURGERY	IN UNITED	ARAB EN	IIRATES (U	JAE)
Manuscript numbe	r (if known):	ITD-21	-1109-R1			

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2	Grants or contracts from	Time frame: past None	36 months
2	any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
educational events Payment for expert	None	
Payment for expert	None	
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,		
Support for attending meetings and/or travel	None	
	None	
pending		
Participation on a Data	None	
Safety Monitoring Board or		
	N.	
	None	
group, paid or unpaid		
Stock or stock options	None	
Receipt of equipment,	None	
materials, drugs, medical		
	None	
financial interests	None	
se summarize the above cor	oflict of interest in the f	following box:
	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	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

Date:S	eptember 29, 2021			
Your Name:A	SHRAF ALZAABI			
Manuscript Title:	THORACIC SUR	GERY IN UNITED	ARAB EMIRATES	(UAE)
Manuscript numb	er (if known):	ΓD-21-1109-R1		

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3	Royalties or licenses	None	
4	Consulting fees	None	

lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony		
educational events Payment for expert		
Payment for expert		
	None	
	None	
Support for attending meetings and/or travel	None	
	None	
pending		
Participation on a Data	None	
Safety Monitoring Board or		
	None	
group, paid or unpaid		
Stock or stock options	None	
Receipt of equipment,	None	
materials, drugs, medical		
	None	
financial interests	None	
se summarize the above cor	nflict of interest in the f	following box:
	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	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

Date:	30th SEPTEM	WER 2021				
Your Name:	ZAID	ZOUMOT				
Manuscript Title:	THORACIC	SURGERY IN	THE	OMMED	ARAS EMIRATES	CUA
Manuscript number (if known):	-21-1109-R1		The Acad December 1981 and the State of the		

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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	i_None	
3	Royalties or licenses	None	
4	Consulting fees	None	

г	Danis de la	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		<u> </u>
6	Payment for expert	None	
	testimony		
-		61	
7	Support for attending	None	
	meetings and/or travel		
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	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
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			ies with whom you have this rindicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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.	⊠ None		FOR AMERICAN SECTION OF THE SECTION
			Time frame: past 36 month	ns I i i i i i i i i i i i i i i i i i i
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		

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3	Royalties or licenses	None Non	
4	Consulting fees	None Non	
5	Payment or honoraria for lectures,	⊠ None	
	presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	y None	
7	Support for attending meetings and/o	⊠ None	3.3
	trave		
8	Patents planner issued or pending	ed, None	
9	Participation of a Data Safety Monitoring Board or Advisory Board		
10		None	

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	Specifications/Comments (e.g., if paymade to you or to your institution)	whom you have this none (add rows as needed)			
				society, committee or advocacy group, paid or unpaid	
			None	Stock or stock options	11
			None	Receipt of equipment, materials, drugs, medical writing, gifts or other services	12
			None	Other financial or non-financial interests	13
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