ICMJE DISCLOSURE FORM

Date: Dec. 23th, 2021
Your Name: Yujian Liu
Manuscript Title: Surgical treatment of primary tracheobronchial tumors: 16-year experience in a single center
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.

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
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3	Royalties or licenses	__X__None	
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7	Support for attending meetings and/or travel	__X__None	
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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	__X__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	__X__None	

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

None.

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ICMJE DISCLOSURE FORM

Date: Dec. 23th, 2021
Your Name: Kaifu Zheng
Manuscript Title: Surgical treatment of primary tracheobronchial tumors: 16-year experience in a single center
Manuscript number (if known):_____

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ICMJE DISCLOSURE FORM

Date: Dec. 23th, 2021
Your Name: Qiang Lu
Manuscript Title: Surgical treatment of primary tracheobronchial tumors: 16-year experience in a single center
Manuscript number (if known):_____

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ICMJE DISCLOSURE FORM

Date: Dec. 23th, 2021
Your Name: Jian Wang
Manuscript Title: Surgical treatment of primary tracheobronchial tumors: 16-year experience in a single center
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ICMJE DISCLOSURE FORM

Date: Dec. 23th, 2021
Your Name: Yunfeng Ni
Manuscript Title: Surgical treatment of primary tracheobronchial tumors: 16-year experience in a single center
Manuscript number (if known):_____

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ICMJE DISCLOSURE FORM

Date: Dec. 23th, 2021
Your Name: Xiaolong Yan
Manuscript Title: Surgical treatment of primary tracheobronchial tumors: 16-year experience in a single center
Manuscript number (if known):_____

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Date: Dec. 23th, 2021
Your Name: Lei Wang
Manuscript Title: Surgical treatment of primary tracheobronchial tumors: 16-year experience in a single center
Manuscript number (if known):_____

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ICMJE DISCLOSURE FORM

Date: Dec. 23th, 2021
Your Name: Xiyang Tang
Manuscript Title: Surgical treatment of primary tracheobronchial tumors: 16-year experience in a single center
Manuscript number (if known):_____

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Date: Dec. 23th, 2021
Your Name: Jing Huang
Manuscript Title: Surgical treatment of primary tracheobronchial tumors: 16-year experience in a single center
Manuscript number (if known):_____

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ICMJE DISCLOSURE FORM

Date: Dec. 23th, 2021
Your Name: Xiaofei Li
Manuscript Title: Surgical treatment of primary tracheobronchial tumors: 16-year experience in a single center
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ICMJE DISCLOSURE FORM

Date: Dec. 23th, 2021
Your Name: Jinbo Zhao
Manuscript Title: Surgical treatment of primary tracheobronchial tumors: 16-year experience in a single center
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