**Date:** September 6<sup>th</sup>, 2021 **Your Name:** Dominique GOSSOT

Manuscript Title: Thoracic surgery in France Manuscript number (if known): JTD-21-1462

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 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)
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.	Time frame: Since the initialNone	planning of the work
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert	None	
	testimony		
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	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	
	ase summarize the above co	nflict of interest in the follo	owing box:

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

Date: September 6 <sup>th</sup>	¹, 2021	
Your Name:	Gabriel SAIYDOUN	
Manuscript Title: Th	noracic surgery in France	
Manuscrint number	r (if known): JTD-21-1462	

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

Gabriel Saiydoun

5	Dayment or honororio for	None	
Э	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
0	Datante planned issued as	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		
L	group, paid or unpaid	<u> </u>	<u> </u>
11	Stock or stock options	None	
12	Receipt of equipment,	None	
-	materials, drugs, medical		
Ì	writing, gifts or other		
Ì	services		
13	Other financial or non-	None	
13	financial interests		
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\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Gabriel Saiydoun

Date: Septembe	er 6 <sup>th</sup> , 2021		1 1
Your Name:	LECLERE	Jean-B	astrite
	o. Thoronia augustus		

Manuscript Title: Thoracic surgery in France
Manuscript number (if known): JTD-21-1462

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1	Kurimo istlikiliking – Berg	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.	None	
			2 3 2
		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	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	DE BOULENSEN
	lectures, presentations, speakers bureaus, manuscript writing or		ESCA CE redificional
	educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	in the test of many distance and the second in the metal-
	white the set-tonic the month the set of the	one of allow policy as you made the first transfer of	
	a find an haybearn		gill light on militar phonocopy the party brown in the
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or		
, in	Advisory Board	حالوالكاليا فع لمذم	
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services	- Ly	and the same of th
13	Other financial or non-	None	
	financial interests		

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

	None	, and the second se
TV		

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.

Dr LECLENE Jean-Baptite

**Date:** September 6<sup>th</sup>, 2021 **Your Name:** Marcel Dahan

Manuscript Title: Thoracic surgery in France Manuscript number (if known): JTD-21-1462

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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	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.		
		Time frame, nest	26 months
_		Time frame: past	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	X None	
	_		

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	_X_None	
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	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

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

None			

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

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



**Date:** September 6<sup>th</sup>, 2021 **Your Name:** Pascal A. Thomas

Manuscript Title: Thoracic surgery in France Manuscript number (if known): JTD-21-1462

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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	_XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	_XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_XNone		
	testimony			
7	Support for attending meetings and/or travel	EUROPRISME	Congress travel expenses	
8	Patents planned, issued or	_XNone		
	pending			
9	Participation on a Data	ETHICON ENDOSURGERY		
	Safety Monitoring Board or	MEDTRONIC		
	Advisory Board	ASTRAZENECA		
10	Leadership or fiduciary role	Conseil National	President	
	in other board, society,	Professionnel de Chirurgie		
	committee or advocacy	Thoracique et Cardio-		
	group, paid or unpaid	Vasculaire		
11	Stock or stock options	_XNone		
12	Receipt of equipment,	X None		
12	materials, drugs, medical	None		
	writing, gifts or other			
	services			
13	Other financial or non- financial interests	_XNone		
Plea	Please summarize the above conflict of interest in the following box:			

I	PAT has received congress travel expenses from Europrisme, and he reports participation in advisory boards for Ethicon Endosurgery, Medtronic
a	and AstraZeneca. He is the President of Conseil National Professionnel de Chirurgie Thoracique et Cardio-Vasculaire.

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

Date: September 6<sup>th</sup>, 2021

Your Name:

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	TO SEE SEE SEE SEE	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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	
6	pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board  Leadership or fiduciary role	None	
10	in other board, society,	none	
	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- financial interests	None	

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

No conflict of intrees to	La declare
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Please place an "X" next to the following statement to indicate your agreement:

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Professeur Jean-Philippe VERHOYE
Centre Hospitalier Universitaire
Service Chirurgie Thoracique Cardiaque et Vasculaire
2 rue Henri Le Guilloux-35033 RENNES Cédex
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N°RPP§ 10 003 835 427 =N°Finess 350000741

Date: September 6 <sup>th</sup> , 2021			
Your Name:	Agathe SEGUIN-GIVELET_		
<b>Manuscript Title:</b>	Thoracic surgery in France		
Manuscript number (if known): JTD-21-1462			

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3	Royalties or licenses	None	
4	Consulting fees	None	

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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	None		
10	Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
11	Stock or stock options	None		
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