

ICMJE DISCLOSURE FORM

Date: 03/08/2022

Your Name: Mark Jaradeh

Manuscript Title: Inflammatory cytokines in robot-assisted thoracic surgery versus video-assisted thoracic surgery

Manuscript number (if known): JTD-21-1820-R2

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**.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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:

No conflicts of interests or relative disclosures.

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.

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ICMJE DISCLOSURE FORM

Date: 3/7/2022

Your Name: Adrian Rodrigues

Manuscript Title: Inflammatory cytokines in robot-assisted thoracic surgery versus video-assisted thoracic surgery

Manuscript number (if known JTD-21-1820-R2)

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ICMJE DISCLOSURE FORM

Date: 03-04-2022

Your Name: Walter Jeske

Manuscript Title: Inflammatory cytokines in robot-assisted thoracic surgery versus video assisted thoracic surgery

Manuscript number (if known): JTD-21-1820-R2

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		BioFortis	Research support paid to institution
		Machaon Diagnostics	Research support paid to institution
		KinMaster	Research support paid to institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Machaon Diagnostics	Fees for editorial work

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
		Elsevier	Honoraria for book chapters in Rodak Hematology 6h edition
6	Payment for expert testimony	___ None	
		Wilson, Sonsini, Goodrich & Rosati	Personal fees for work associated with lawsuit
		Lieff, Cabraser, Heimann & Bernstein	Personal fees for work associated with lawsuit
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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:

WJ reports receiving grants from BioFortis, Machaon Diagnostics and KinMaster, consulting fees from Machaon Diagnostics, honoraria from Elsevier, and personal fees from Wilson, Sonsini, Goodrich & Rosati and Lieff, Cabraser, Heimann & Bernstein.

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

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ICMJE DISCLOSURE FORM

Date: 3/4/2022

Your Name: Zaid M. Abdelsattar

Manuscript Title: Inflammatory cytokines in robot-assisted thoracic surgery versus video-assisted thoracic surgery

Manuscript number (if known): JTD-21-1820-R2

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> _x_None	
6	Payment for expert testimony	<input type="checkbox"/> _x_None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> _x_None	
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ICMJE DISCLOSURE FORM

Date: 03/03/2022

Your Name: Jeanine M. Walenga

Manuscript Title: Inflammatory cytokines in robot-assisted thoracic surgery versus video- assisted thoracic surgery

Manuscript number (if known): JTD-21-1820-R2

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Date: 03/03/2022

Your Name: Wickii T. Vigneswaran

Manuscript Title: Inflammatory cytokines in robot-assisted thoracic surgery versus video- assisted thoracic surgery

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