Date: 9/19/2021

Your Name: Casey Hamilton

Manuscript Title: Regional anesthesia and acute perioperative pain management in thoracic surgery: a narrative review

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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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.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None		
6	Payment for expert testimony	None		
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		
12	materials, drugs, medical	None		
	writing, gifts or other			
12	services	Mana		
13	Other financial or non- financial interests	None		
	Tillariolar interests			
	Please summarize the above conflict of interest in the following box:			

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	e:10/1/2021		
	r Name:Paul H Alfille		
Man	uscript Title: Regional And	esthesia and Acute Perio	operative Pain Management in Thoracic Surgery: a
narı	rative review		
Man	uscript number (if known):	Not known	
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		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initia	Inlanning of the work
1	All support for the present	None None	planning of the work
1	manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame:	36 months
2	Grants or contracts from	Time frame: past None	30 months
_	any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	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	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
42			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:
_			
1			

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:	10/12/2021	
Your Name:	Jeremi R. Mountjoy_	
Manuscript Title	e: Regional Anesthes	ia and Acute Perioperative Pain Management in
Thoracic Surge	ery: a narrative review	
Manuscript nur	mber (if known):	
In the interest of	of transparency, we ask	you to disclose all relationships/activities/interests
listed below tha	at 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

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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.

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		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.	x_None	

		Time frame: past	36 months
2	Grants or contracts from any	x_None	
	entity (if not indicated in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	_xNone	
5	Payment or honoraria for lectures, presentations,	_xNone	
	speakers bureaus, manuscript writing or		
	educational events		
•			
6	Payment for expert restimony	_xNone	
7	Support for attending	_xNone	
,	Support for attending meetings and/or travel	_xNone	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or Advisory Board		
10		_xNone	

	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
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	

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

I have no conflict of interest.	

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: 9/19/2021

Your Name: Xiaodong Bao

Manuscript Title: Regional anesthesia and acute perioperative pain management in thoracic surgery: a narrative review

Manuscript number (if known):

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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, speakers bureaus, manuscript writing or educational events	None			
6	Payment for expert testimony	None			
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or pending	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 on the	Naga			
12	Receipt of equipment, materials, drugs, medical	None			
	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			

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

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