

# ICMJE DISCLOSURE FORM

Date: Feb 19 2022

Your Name: Frank Detterbeck

Manuscript Title: A Guide for Managing Patients with Stage I NSCLC: Deciding between Lobectomy, Segmentectomy, Wedge, SBRT and Ablation – Part 2: Systematic Review of Evidence Regarding Resection Extent in Generally Healthy Patients

Manuscript number (if known): JTD-2021-MSN-01(JTD-21-1824)

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.

The author’s relationships/activities/interests should be defined broadly. 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.

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div>___ None</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div>___ None</div> <div></div> <div></div>	
3	Royalties or licenses	<div>___ None</div> <div></div> <div></div>	
4	Consulting fees	<div>___ None</div>	

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	
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	

**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.

A handwritten signature in blue ink, appearing to read "Frank Detterbeck". The signature is stylized with a large initial "F" and a long, sweeping underline.

Frank Detterbeck

A second handwritten signature in blue ink, identical to the one above, appearing to read "Frank Detterbeck".

# ICMJE DISCLOSURE FORM

Date: 2/20/2022

Your Name: Vincent J. Mase

Manuscript Title: A Guide for Managing Patients with Stage I NSCLC: Deciding between Lobectomy, Segmentectomy, Wedge, SBRT and Ablation – Part 2: Systematic Review of Evidence Regarding Resection Extent in Generally Healthy Patients

Manuscript number (if known): JTD-2021-MSN-01(JTD-21-1824)

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<b>Time frame: past 36 months</b>			
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4	Consulting fees	<div>None</div>	

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7	Support for attending meetings and/or travel	____ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None	
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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	

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**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.

A handwritten signature in blue ink, appearing to read 'Vincent Mase, Jr.', with a stylized flourish at the end.

Vincent Mase, Jr., MD, FACS  
Assistant Professor, Thoracic Surgery

# ICMJE DISCLOSURE FORM

Date: 2/20/2022

Your Name: Andrew X. Li

Manuscript Title: A Guide for Managing Patients with Stage I NSCLC: Deciding between Lobectomy, Segmentectomy, Wedge, SBRT and Ablation – Part 2: Systematic Review of Evidence Regarding Resection Extent in Generally Healthy Patients

Manuscript number (if known): JTD-2021-MSN-01(JTD-21-1824)

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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:**

Andrew X. Li has no conflicts of interest to declare.

**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.



# ICMJE DISCLOSURE FORM

Date: 02.20.2022

Your Name: Ulas Kumbasar

Manuscript Title: A Guide for Managing Patients with Stage I NSCLC: Deciding between Lobectomy, Segmentectomy, Wedge, SBRT and Ablation – Part 2: Systematic Review of Evidence Regarding Resection Extent in Generally Healthy Patients

Manuscript number (if known): JTD-2021-MSN-01(JTD-21-1824)

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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	

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none

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**form.**

# ICMJE DISCLOSURE FORM

Date: 2/20/2022

Your Name: Brett Charles Bade

Manuscript Title: A Guide for Managing Patients with Stage I NSCLC: Deciding between Lobectomy, Segmentectomy, Wedge, SBRT and Ablation – Part 2: Systematic Review of Evidence Regarding Resection Extent in Generally Healthy Patients

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Veterans Affairs Central Office	Small Award Initiative For Impact (SWIFT; PI Bade) (9/1/2020-8/31/2021) <b>Evaluating Mental Health Conditions as Barriers to Lung Cancer Screening Follow-Up</b>
		Veterans Affairs Central Office	VACO Contract (Brandt) (10/01/17 – 09/30/19)

			Women Veterans Health Strategic Health Group <b>Examining the impact of Comprehensive Primary Care for Women Veterans</b>
		American Cancer Society	American Cancer Society (Bade; 1/1/20 - 12/31/20) American Cancer Society Institutional Research Grant (PI Bade)
		Yale SPORE in Lung Cancer	Yale SPORE in Lung Cancer (Bade; 08/01/18 – 07/31/19) Career Enhancement Program <b>Implementing a physical activity program in patients with non-small cell lung cancer</b>
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	
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	

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

No conflicts 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.**

# ICMJE DISCLOSURE FORM

Date: 2/20/22

Your Name: Henry Park

Manuscript Title: A Guide for Managing Patients with Stage I NSCLC: Deciding between Lobectomy, Segmentectomy, Wedge, SBRT and Ablation – Part 2: Systematic Review of Evidence Regarding Resection Extent in Generally Healthy Patients

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  x  </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>      </u> None	
		RefleXion Medical	Payments made to institution (research grant)
3	Royalties or licenses	<u>  x  </u> None	
4	Consulting fees	<u>      </u> None	

		AstraZeneca	Payments made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Bristol Myers Squibb	Payments made to me
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 type="checkbox"/> None	
		Galera Therapeutics	Payments made to me
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:**

Henry Park reports research funding from Reflexion Medical; consulting fees from AstraZeneca; honoraria and speaking fees from Bristol Myers Squibb; and advisory board fees from Galera Therapeutics; all unrelated to current work.



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.

# ICMJE DISCLOSURE FORM

Date: 2-26-2022

Your Name: Roy Decker

Manuscript Title: A Guide for Managing Patients with Stage I NSCLC: Deciding between Lobectomy, Segmentectomy, Wedge, SBRT and Ablation – Part 2: Systematic Review of Evidence Regarding Resection Extent in Generally Healthy Patients

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
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7	Support for attending meetings and/or travel	____ None	
8	Patents planned, issued or pending	____ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

**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.**

# ICMJE DISCLOSURE FORM

Date: 2/21/2022

Your Name: David C. Madoff, M.D.

Manuscript Title: A Guide for Managing Patients with Stage I NSCLC: Deciding between Lobectomy, Segmentectomy, Wedge, SBRT and Ablation – Part 2: Systematic Review of Evidence Regarding Resection Extent in Generally Healthy Patients

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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	

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

I have no conflicts of interest with regards to this manuscript.

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# ICMJE DISCLOSURE FORM

Date: 2/22/2022

Your Name: Gavitt Woodard

Manuscript Title: A Guide for Managing Patients with Stage I NSCLC: Deciding between Lobectomy, Segmentectomy, Wedge, SBRT and Ablation – Part 2: Systematic Review of Evidence Regarding Resection Extent in Generally Healthy Patients

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



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

I have no conflicts of interest that relate to this manuscript.

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# ICMJE DISCLOSURE FORM

Date: 2/20/22

Your Name: Whitney S Brandt

Manuscript Title: A Guide for Managing Patients with Stage I NSCLC: Deciding between Lobectomy, Segmentectomy, Wedge, SBRT and Ablation – Part 2: Systematic Review of Evidence Regarding Resection Extent in Generally Healthy Patients

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Date: Feb 19 2022

Your Name: Justin Blasberg

Manuscript Title: A Guide for Managing Patients with Stage I NSCLC: Deciding between Lobectomy, Segmentectomy, Wedge, SBRT and Ablation – Part 2: Systematic Review of Evidence Regarding Resection Extent in Generally Healthy Patients

Manuscript number (if known): JTD-2021-MSN-01(JTD-21-1824)

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<b>Time frame: past 36 months</b>			
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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"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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Justin D. Blasberg, MD

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke, representing the name Justin D. Blasberg.