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Your Name:	In Hanablen
Manuscript Title: Mediastinal Ly	mph Node Evaluation, Especially at Station 4L, in Left Upper Lobe Lung Cancer.
Manuscript number (if known):_	JTD-22-537

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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		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or	}	
6	educational events	V None	
ן פ	Payment for expert testimony	X_None	-
	testimony		
7	Support for attending	XNone	
.	meetings and/or travel		
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8	Patents planned, issued or	X None	
۰	pending	X_None	
	benamb		
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10		V None	
10	Leadership or fiduciary role in other board, society,	X_None	
	committee or advocacy		
	group, paid or unpaid		<u>'</u>
11	Stock or stock options	XNone	
**	Stock or stock options	X_None	
12	Receipt of equipment	X_None	
12	Receipt of equipment, materials, drugs, medical	X_NONE	
	writing, gifts or other		
	services		
12	Other financial or non-	XNone	
13	financial interests		
'	financial interests		

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: /w/22022 Your Name: / bkoto	Yeilen			
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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,	1	
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
ļ	Advisory Board		
10	Leadership or fiduciary role	X_None	<u> </u>
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
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	writing, gifts or other services		
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Ple	ease summarize the above o	conflict of interest in the fo	ollowing 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: June , 20th . 2021					
Your Name:	toign Okamute.				
Manuscript Title:_	Mediastinal Lymph Node Evaluation, Especially at Station 4L, in Left Upper Lobe Lung Cancer.				
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			ndicate your agreement:

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Date: (1-/dun/202)	
Your Name: Runsuke Kaku	-
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	Advisory Board	<u> </u>	
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	group, paid or unpaid	V None	
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Pate: June 20, 5	2622	$\bigcap (a)$		
Your Name:	rasah, ko	Uhsh, o.	_	
Manuscript Title: M	<u>lediastinal Lymph No</u>	<u>de Evaluation.</u>	Especially at Station 4L, i	n Left Upper Lobe Lung Cancer.
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3	Patents planned, issued or pending	XNone	•
)	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
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