

ICMJE DISCLOSURE FORM

Date: 4/6/2022

Your Name: [Hongyun Ruan]

Manuscript Title: [Risk factors for respiratory failure after tuberculosis-destroyed lung surgery and increased dyspnea score at 1-year follow-up]

Manuscript Number (if known): None

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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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 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: 4/6/2022

Your Name: [Fangchao Liu]

Manuscript Title: [Risk factors for respiratory failure after tuberculosis-destroyed lung surgery and increased dyspnea score at 1-year follow-up]

Manuscript Number (if known): None

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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: 4/6/2022

Your Name: [Yunsong Li]

Manuscript Title: [Risk factors for respiratory failure after tuberculosis-destroyed lung surgery and increased dyspnea score at 1-year follow-up]

Manuscript Number (if known): None

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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Date: 4/6/2022

Your Name: [Yuxuan Wang]

Manuscript Title: [Risk factors for respiratory failure after tuberculosis-destroyed lung surgery and increased dyspnea score at 1-year follow-up]

Manuscript Number (if known): None

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Date: 4/6/2022

Your Name: [Dongdong Hou]

Manuscript Title: [Risk factors for respiratory failure after tuberculosis-destroyed lung surgery and increased dyspnea score at 1-year follow-up]

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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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	

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: 4/6/2022

Your Name: [Changfan Gong]

Manuscript Title: [Risk factors for respiratory failure after tuberculosis-destroyed lung surgery and increased dyspnea score at 1-year follow-up]

Manuscript Number (if known): None

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 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.

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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: 4/6/2022

Your Name: [Jinxiang Wang]

Manuscript Title: [Risk factors for respiratory failure after tuberculosis-destroyed lung surgery and increased dyspnea score at 1-year follow-up]

Manuscript Number (if known): None

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 260 1516 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 827 1516 928"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1045 1516 1146"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1264 1516 1365"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1482 1516 1583"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 4/6/2022

Your Name: [Zhidong Liu]

Manuscript Title: [Risk factors for respiratory failure after tuberculosis-destroyed lung surgery and increased dyspnea score at 1-year follow-up]

Manuscript Number (if known): None

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