Date	2:	4/6/2022			
Your Name:		Hongyun Ruan			
Man	uscript Title:	Risk factors for respiratory failure after to dyspnea score at 1-year follow-up	berculosis-destroyed lung surgery and increased		
Man	uscript Number (if knowr	n): None			
cont affe	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.				
epid	·		r example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if		
	em #1 below, report all su ne for disclosure is the pas		without time limit. For all other items, the time		
		e all entities with whom you have this ionship or indicate none (add rows as needed	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		-) made to you or to your institution)		
	All support for the present manuscript (e.g.,	ionship or indicate none (add rows as needed) made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision of study materials,	ionship or indicate none (add rows as needed) made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision	ionship or indicate none (add rows as needed	made to you or to your institution) g of the work		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	ionship or indicate none (add rows as needed	made to you or to your institution) g of the work Click the tab key to add additional rows.		

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4	Consulting fees	None 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	

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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		
Plea [⊠]	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.			

Date:		4/6/2022			
Your Name:		Fangchao Liu			
Manuscript Title:		Risk factors for respiratory failure after tub dyspnea score at 1-year follow-up	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 content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interest affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necest 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 epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication 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.			rithout time limit. For all other items, the time		
		ll entities with whom you have this ship 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		
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.	[\textsize] N	one	Click the tab key to add additional rows.		
		Time frame: past 36 month	is		
2 Grants or contracts from any entity (if not	[X] N	one			

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4	Consulting fees	None 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	

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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		
Plea [⊠]	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 tube dyspnea score at 1-year follow-up	Risk factors for respiratory failure after tuberculosis-destroyed lung surgery and increased dyspnea score at 1-year follow-up	
Manuscript Number (if k	nown): None		
content of your manuscriaffected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperter that medication is not medicated.	rency, we ask you to disclose all relationships/activitie pt. "Related" means any relation with for-profit or no of the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity/ss/activities/interests should be defined broadly. For ension, you should declare all relationships with manufactories in the manuscript. all support for the work reported in this manuscript with a past 36 months.	rt-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	Name all entities with whom you have this	Specifications/Comments (e.g., if payments were	

		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	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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None 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	

		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)	
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		
Plea [⊠]	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.			

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		
Man	uscript Number (if kı	nown):	None		
content of your manuscript. "Rela affected by the content of the man			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
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			l entities with whom you have this ship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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			Time frame: past 36 mo	nths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] N•	one		
3	Royalties or licenses	⊠ N	one		

		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)
4	Consulting fees	None 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	

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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		
Plea [⊠]	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 FO	RM	
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			
Manuscript Number (if kı	nown): None		
content of your manuscri affected by the content o indicate a bias. If you are The author's relationships epidemiology of hyperten that medication is not me	rency, we ask you to disclose all relationships/activities pt. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity s/activities/interests should be defined broadly. For ension, you should declare all relationships with manuferationed in the manuscript. all support for the work reported in this manuscript we past 36 months.	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily eliminaries, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
	Name all entities with whom you have this	Specifications/Comments (e.g., if payments were	

		Name all entities with who relationship or indicate nor		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.	None		Click the tab key to add additional rows.
		Т	ime frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None		
3	Royalties or licenses	None		

		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)
4	Consulting fees	None 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	

		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)		
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			
Plea	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.				

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		
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		I	me frame: past 36 month	S

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4	Consulting fees	None 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	

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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			
Plea	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.				

Date:			4/6/2022			
Your Name:			Jinxiang Wang			
Manuscript Title:				Risk factors for respiratory failure after tuberculosis-destroyed lung surgery and increased		
Maı	nuscript Number (if k	nown):	None			
content of your manuscript. "Rela affected by the content of the ma		pt. "Rela f the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.			
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			ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	[⊠] N	one	Click the tab key to add additional rows.		
	charges, etc.) No time limit for this item.					
	No time limit for		Time frame: past 36 month	s		
2	No time limit for	[⊠] N	Time frame: past 36 month	s		

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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)
4	Consulting fees	None 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	

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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			
Plea	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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Date:	4/6/2022			
Your Name:	Zhidong Liu			
Manuscript Title: Risk factors for respiratory failure after tuberculosis-destroyed lung surgery and incredspined score at 1-year follow-up		erculosis-destroyed lung surgery and increased		
Manuscript Number (if k	nown): None			
content of your manuscr affected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperter that medication is not medication is not medication.	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. 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.			
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	Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).		None			
3	Royalties or licenses		None			

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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	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None				
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