## ICMJE DISCLOSURE FORM

Date: September 13<sup>th</sup>, 2022 Your Name: Angelo Carretta

Manuscript Title: SURGICAL TREATMENT OF LUNG CANCER DURING THE COVID-19 PANDEMIC:

LESSONS LEARNED

Manuscript number: JTD-22-1154

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 <u>current</u> <u>manuscript only</u>.

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.

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None			
,	lectures, presentations, speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
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	testimony				
7	Comment for a the little	V None			
7	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
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9	Participation on a Data	X None			
9	Safety Monitoring Board or	^_NOTIE			
	,				
10	Advisory Board	V None			
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Please summarize the above conflict of interest in the following box:					
N	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

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