| Date:Aug. 5 th , 2022 |
|--|
| Your Name:Hitoshi Igai |
| Manuscript Title: Procedures to avoid postoperative prolonged air leak in thoracic surgery |
| Manuscript number (if known): |

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) | 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, | XNone | |
| | provision of study materials, | | |
| | medical writing, article processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 26 months |
| 2 | Grants or contracts from | X None | 30 months |
| _ | any entity (if not indicated | XNOTIE | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
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| 4 | Consulting fees | XNone | |
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| 5 | Payment or honoraria for lectures, presentations, | XNone | | |
|----|---|--------|--|--|
| | speakers bureaus, manuscript writing or educational events | | | |
| 6 | Payment for expert | X None | | |
| | testimony | | | |
| 7 | Support for attending meetings and/or travel | XNone | | |
| | | | | |
| 8 | Patents planned, issued or pending | XNone | | |
| 9 | Participation on a Data | X None | | |
| , | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 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: | | | |
| | None. | | | |

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

| Yo Ma | te:Aug. 5 th , 2022 ur Name:Mitsuhiro Kam nnuscript Title: Proced nnuscript number (if known) | ures to avoid postoperati | ve prolonged air leak in thoracic surgery | |
|-----------------|---|--|---|--|
| rel pa to | ated to the content of your rties whose interests may be | manuscript. "Related" me e affected by the content necessarily indicate a bias | Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. | |
| | e following questions apply nuscript only. | to the author's relationsh | ips/activities/interests as they relate to the <u>current</u> | |
| to me | the epidemiology of hyperto edication, even if that medic | ension, you should declard ation is not mentioned in oport for the work report | e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items | |
| | | 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 initia | al planning of the work | |
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| | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pas | t 36 months | |
| 3 | Royalties or licenses | XNone | | |

Consulting fees

X__None

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| 5 | Payment or honoraria for | XNone | | | |
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| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| _ | educational events | V. Nama | | | |
| 6 | Payment for expert testimony | XNone | | | |
| | testimony | | | | |
| 7 | Support for attending | XNone | | | |
| , | meetings and/or travel | XNone | | | |
| | meetings and, or traver | | | | |
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| 8 | Patents planned, issued or | X None | | | |
| U | pending | | | | |
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| 9 | Participation on a Data | XNone | | | |
| | Safety Monitoring Board or Advisory Board | | | | |
| 10 | Leadership or fiduciary role | X None | | | |
| 10 | in other board, society, | | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | X None | | | |
| | Stock of Stock options | | | | |
| | | | | | |
| 12 | Receipt of equipment, | X None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | X None | | | |
| | financial interests | | | | |
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| Ple | ase summarize the above c | onflict of interest in the fo | lowing box: | | |
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| | None. | | | | |
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__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| Date:Aug. 5 th , 2022 | |
|--|---|
| Your Name:Kazuki Numajiri | |
| Manuscript Title: Procedures to avoid postoperative prolonged air leak in thoracic surgery | |
| Manuscript number (if known): | _ |

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

| 5 | Payment or honoraria for | XNone | | | |
|-----|--|-------------------------------|------------------------|--|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| _ | educational events | V. Nama | | | |
| 6 | Payment for expert testimony | XNone | | | |
| | testimony | | | | |
| 7 | Support for attending | XNone | | | |
| , | meetings and/or travel | XNone | | | |
| | meetings and, or traver | | | | |
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| | | | | | |
| 8 | Patents planned, issued or | X None | | | |
| U | pending | | | | |
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| • | 5 | V AI | | | |
| 9 | Participation on a Data | XNone | | | |
| | Safety Monitoring Board or Advisory Board | | | | |
| 10 | Leadership or fiduciary role | X None | | | |
| 10 | in other board, society, | | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | X None | | | |
| | Stock of Stock options | | | | |
| | | | | | |
| 12 | Receipt of equipment, | X None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | X None | | | |
| | financial interests | | | | |
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| Ple | ase summarize the above c | onflict of interest in the fo | lowing box: | | |
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| | None. | | | | |
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__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| Date:Aug. 5 th , 2022 | | | | |
|--|--|--|--|--|
| Your Name:Fumi Ohsawa | | | | |
| Manuscript Title: Procedures to avoid postoperative prolonged air leak in thoracic surgery | | | | |
| Manuscript number (if known): | | | | |

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

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X_None | | | |
|----|--|--------|--|--|--|
| 6 | Payment for expert testimony | XNone | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| 8 | Patents planned, issued or pending | XNone | | | |
| 9 | 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 | XNone | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None | | | |
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