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Manuscript	numb	er (if know	n): II	D-22-	1448	E- JTD	- 11	<del>-12+)</del>			

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>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
			al 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	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	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	
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	

Please summarize the above conflict of interest in the following box:

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			cobre.			

Please place an "X" next to the following statement to indicate your agreement:

Date: 14/11/2022		
		00 11
Your Name: CKISTIES CIVESTIFF CONTROL OF THE ATTENT	WILL MNG	CANCER
Your Name: CRISTINA CAVESTADY GARCIA - MATRES  Manuscript Title: SULGICAL EVALUATION OF STATION 4L IN PATIENTS  MANUSCRIPT TITLE: SULGICAL EVALUATION OF STATION 4L IN PATIENTS	AAIIIG SASSA	
Manuscript number (if known): JTD -22 - 1448 (E-JTD - 22 - 537)		

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		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	_X_None	
4	Consulting fees	_X_None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	<u>X_</u> None	
8	Patents planned, issued or pending	<u>×</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ <u>X_</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u></u> ✓ None	
11	Stock or stock options	<u>≻_</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u></u> None	
13	Other financial or non- financial interests	<u></u> Mone	
Ple	ease summarize the above o	onflict of interest in the	e following box:

Please place an "X" next to the following statement to indicate your agreement:



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No. of the Control of	SARA FRA FERNANDEZ	WNG CANCER
Manuscript T	TITLE: SURGICAL EVAWATION OF STATION 4L IN ATIENTS WITH	1)
Manuscript n	number (if known): JTD -22 - 1448 (E-JTD -22-53=	<del>7)</del>

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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	_X_None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	X_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	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ <u>&gt;</u> None	
13	Other financial or non- financial interests	<u>Y</u> None	
Plea	ase summarize the above co	onflict of interest in th	e following box:

Please place an "X" next to the following statement to indicate your agreement:

Date: 10/11/2022				
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Manuscript Title: SURGICAL	EVAWATION OF STATIC	ON 4L IN MITTENIS	7 0000	OHOOK
Manuscript little: SORGICAL  Manuscript number (if known):	715-22-1448	(E-JTD- 722-J 37	<del></del>	

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		Time frame: Since the initia	al planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	
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	

Please summarize the above conflict of interest in the following box:

7 have	no conflict of interes to declare.	
•	Genma li lunos bortire	

Please place an "X" next to the following statement to indicate your agreement:

Date: 10	NOVEMBA	=2,2012						
		EVAWATION	SOUA	TIDU 41	INI PATTE	W I'm	1TH WNG	CANCER
Manuscript Title:	SVRGICAL her (if known)	: JTD-22-1	448 (	5-JTD - 2	2-537			

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Tako		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>∠</u> None	
3	Royalties or licenses	None	
4	Consulting fees	∠_None	

5	Payment or honoraria for	None	
	lectures, presentations,	0000	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_∡_None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	_∡_None	
	pending		
9	Participation on a Data	_≼_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	✓ None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	1		
12	Receipt of equipment,	≺None	
	materials, drugs, medical		
- 1	writing, gifts or other		
	services		
13	Other financial or non-	∠ None	
	financial interests		

Please summarize the above conflict of interest in the following box:

None			

Please place an "X" next to the following statement to indicate your agreement:

Date:	11-11-22					
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Manuscript '	Title: SURGICAL EVA	WATION OF	STATION 41	LIN	MITENIS	WITH WNG
Manuscript	number (if known): JT	5-22-1448	(E-JTD - 2	2-5	5+)	

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THE STATE OF		Time frame: pas	t 36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u></u> ✓_None	
	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	
11		<u></u> ✓_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	<u></u> ★ None	
13	Services Other financial or non-financial interests	None	
1	Please summarize the above	e conflict of interest in the	following box:
	Please place an "X" next to  L certify that I have and form.		indicate your agreement: have not altered the wording of any of the questions on