

ICMJE DISCLOSURE FORM

Date: 10/11/22
 Your Name: ALBERTO CABANERO SANCHEZ
 Manuscript Title: SURGICAL EVALUATION OF STATION 4L IN PATIENTS WITH WNG CANCER
 Manuscript number (if known): JTD-22-1448 (E-JTD-22-137)

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

		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, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

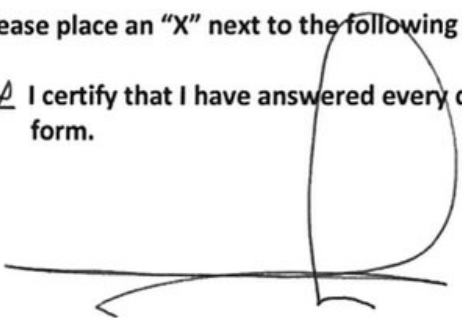
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or 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:

I have no conflicts of interest to declare.

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

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Date: 14 / 11 / 2022
 Your Name: CRISTINA CAVESTANY GARCIA - MATRES
 Manuscript Title: SURGICAL EVALUATION OF STATION 4L IN PATIENTS WITH WNG CANCER
 Manuscript number (if known): JTD-22-1448 (E-JTD-22-537)

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ICMJE DISCLOSURE FORM

Date: 10/11/2022
 Your Name: SARA FRA FERNANDEZ
 Manuscript Title: SURGICAL EVALUATION OF STATION 4L IN PATIENTS WITH LUNG CANCER
 Manuscript number (if known): JTD-22-1448 (E-JTD-22-537)

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ICMJE DISCLOSURE FORM

Date: 10/11/2022
 Your Name: GEMMA M^g MUÑOZ. MOUINA
 Manuscript Title: SURGICAL EVALUATION OF STATION 4L IN PATIENTS WITH LUNG CANCER
 Manuscript number (if known): JTD-22-1448 (E-JTD-22-537)

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Gemma Li Luuzy Lytkie

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ICMJE DISCLOSURE FORM

Date: 10 NOVEMBER, 2012
 Your Name: USUE CABAUERO SILVA
 Manuscript Title: SURGICAL EVALUATION OF STATION 4L IN PATIENTS WITH LUNG CANCER
 Manuscript number (if known): ITD-22-1448 (E-ITD-22-537)

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ICMJE DISCLOSURE FORM

Date: 11-11-22
 Your Name: NICOLAS MORENO MATA
 Manuscript Title: SURGICAL EVALUATION OF STATION 4L IN PATIENTS WITH WNG CANCER
 Manuscript number (if known): JTD-22-1448 (E-JTD-22-537)

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