ate:15 November 2022
our Name:Alessandro Brunelli
Manuscript Title:Sawubona reprise: Reflections on the European Society of Thoracic Surgeons Presidential Address
022

Manuscript number (if known):\_\_\_ JTD-22-1550

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.

		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)
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 None	planning of the work
		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	
4	Consulting fees	Astra Zeneca, Ethicon, Roche	

5	Payment or honoraria for lectures, presentations,	Astra Zeneca, Ethicon, Roche	
	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	President ESTS 2022	
10	in other board, society,	President ESTS 2022	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

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 form.

Date: 16/11/2022 Your Name: Amerikos Argyriou

Manuscript Title: Sawubona reprise: Reflections on the European Society of Thoracic Surgeons

Presidential Address 2022. 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.

		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)
1	All support for the present	Time frame: Since the initial  None	pranning of the work
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		· · · · ·	26 1
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
	no junico or mocrisco		
4	Consulting fees	None	

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

I have no conflicts of interest with regards to this publication's content.

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

Date:	28.11.2022	22	
Your Na	ame:	HASAN FEVZI BATIREL	
Manus	cript Title: Sav	wubona reprise: Reflections on the European Society of Thoracic Surgeons Pr	esidential Address
2022			
Manus	cript number	r (if known): JTD-22-1550	

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.

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

5	Payment or honoraria for	YES	Johnson and Johnson
	lectures, presentations,		Astra Zeneca
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	YES	Johnson and Johnson
0	testimony	163	JOHNSON AND JOHNSON
	testimony		
7	Support for attending	X None	
-	meetings and/or travel	7	
	,		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
		A THORSE	
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:

HB r	eceived	honora	aria for	lectures	from	Johnson	and	Johnson,	Astra	Zeneca,
and	paymen	t for ex	pert te	stimony	from	Johnson	and	Johnson.		

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

form.

HASAN FEVZI BATIREL

Date: 11/16/2022
Your Name: Yolonda Colson
Manuscript Title: Sawubona reprise: Reflections on the European Society of Thoracic Surgeons Presidential Address 2022
Manuscript number (if known):_ JTD-22-1550

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.

		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)
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	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: pastx_Nonex_None	36 months
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	x_None	
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	
13	Other financial or non- financial interests	_xNone	
	ease summarize the above c	onflict of interest in the f	ollowing box:

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

Your Name:	_Gail Darling
Manuscript Title	:Sawubona reprise: Reflections on the European Society of Thoracic Surgeons Presidential
Address 2022_	
Manuscript num	ber (if known): JTD-22-1550

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.

		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)
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	
		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	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for	None	Honaria from Mayo Clinic, ACS			
	lectures, presentations,					
	speakers bureaus, manuscript writing or					
	educational events					
6	Payment for expert	xNone				
	testimony					
_						
7	Support for attending	None	Reimbursement for travel from my department;			
	meetings and/or travel		reimbursement for travel from sponsoring societies when invited to speak			
			When inviced to speak			
8	Patents planned, issued or	xNone				
	pending					
9	Participation on a Data	xNone				
	Safety Monitoring Board or Advisory Board					
10	Leadership or fiduciary role	None	President Canadian Association of Thoracic Surgeons			
	in other board, society,		Trestaent earliadan / issociation of Thoracie surgeons			
	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- financial interests	x_None				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					
N	No conflicts with respect to this commentary					

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

Date:	November 15, 202	2
Your Name:_	Felix G Fernandez	
Manuscript Ti	tle: Sawubona reprise: R	eflections on the European Society of Thoracic Surgeons Presidential Address
2022_		
Manuscript n	umber (if known):	_JTD-22-1550

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 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.

		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)
1	All support for the present	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	NOTIE	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		<b>T</b> ime for a second	26
2	Consists an assistant at a force.	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	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	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
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	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	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			

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

Date:15 11 22	
Your Name:_Michael R Gooseman	
Manuscript Title: Sawubona reprise: Reflections on the European Society of Thorac	ic Surgeons
Presidential Address 2022.	
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 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.

		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)
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 None	pranning of the work
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	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		
0	Deuticiantian and Data	Name	
9	Participation on a Data Safety Monitoring Board or	None	
	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	
12	Descript of annions at	NI	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Г	ease summarize the above o	onflict of interest in the fo	llowing box:

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

Date: November 16<sup>th</sup> 2023 Your Name:Toni LERUT

Manuscript Title: Sawubona reprise: Reflections on the European Society of Thoracic Surgeons Presidential Address

2022

Manuscript number (if known):JTD -22-1550

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.

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

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
	,		
7	Support for attending meetings and/or travel	None	
	G ,		
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	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
	services		
13	Other financial or non-	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.

**Date** 11-17-2022

Your Name: Daniela Molena

Manuscript Title: Sawubona reprise: Reflections on the European Society of Thoracic Surgeons Presidential Address 2022

Manuscript number (if known): JTD-22-1550

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.

		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,	xNone	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		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	Consultant for Johnson & Johnson, Bristol Myers Squibb, Merck, and Genentech	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone		
6	Payment for expert testimony	xNone		
7	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or pending	x_None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	Steering committee for AstraZeneca		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone		
11	Stock or stock options	x_None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone		
13	Other financial or non- financial interests	xNone		
Dloo	Please summarize the above conflict of interest in the following how:			

Daniela Molena serves on a steering committee for AstraZeneca and as a consultant for Johnson & Johnson, Bristol		
Myers Squibb, Merck, and Genentech.		

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

Date:November 15 <sup>th</sup> /2022	
Your Name: Nuria M. Novoa	
Manuscript Title:_ Sawubona reprise: Reflections on the European Society of Thoracic	
Surgeons Presidential Address 2022	
Manuscript number (if known): JTD-22-1550	

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 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.

		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	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	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	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		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	None		
	financial interests			
Plea	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.

Mia Mora Valente

Date: 26/10/2022
Your Name: Isabelle Opitz
Manuscript Title: Sawubona reprise: Reflections on the European Society of Thoracic Surgeons Presidential Address 2022
Manuscript number (if known):_ JTD-22-1550

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.

		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	Time frame: past	36 months Institutional Grant for Fellowship
2	any entity (if not indicated in item #1 above).	Medtronic	Institutional Grant for Fellowship
3	Royalties or licenses	x_None	
4	Consulting fees	Intuitive	Proctorship

5	Payment or honoraria for	Roche	Honoraria for talk
,	lectures, presentations,	AstraZeneca	Honoraria for talk
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending	x_None	
	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	AstraZeneca	Advisory Board
	Safety Monitoring Board or	BMS	Advisory Board
	Advisory Board	MSD	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	
42	5		
12	Receipt of equipment,	x_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	x None	
13	financial interests	_xNone	
	illialiciai liiterests		

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

No real conflicts of interest. The following could be perceived as such: Roche (Institutional AstraZeneca (Advisory Board and Speakers Bureau), MSD (Advisory Board), BMS (Advisory Grant), Intuitive (Proctorship)	1 "

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 form.

Date:\_15/11/2022

Your Name: kostas papagiannopoulos

Manuscript Title: Sawubona reprise: Reflections on the European Society of Thoracic Surgeons

Presidential Address 2022.

Manuscript number (if known):\_JTD 22 1550

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> manuscript only.

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.

		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)
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.	Time frame: Since the initial XNone	pranning of the work
		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	

		1	1	
	Payment or honoraria for	XX None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
	Payment for expert	X None		
	testimony			
	,			
	Support for attending	XNone		
	meetings and/or travel			
	eege aa, e. e.a.e.			
		V N		
	Patents planned, issued or	_XNone		
	pending			
	Doublein-blem . D. I	V Nava		
	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
		V None		
0	Leadership or fiduciary role in other board, society,	XNone		
	committee or advocacy			
	group, paid or unpaid			
1	Stock or stock options	X None		
_	Stock of Stock options	X_None		
2	Receipt of equipment,	X None		
_	materials, drugs, medical			
	writing, gifts or other			
	services			
3	Other financial or non-	X None		
_	financial interests			
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:	
	None			
L				
Please place an "X" next to the following statement to indicate your agreement:				
1				
	Leartify that I have answer	ared every augstion and ha	ave not altered the wording of any of the questions on	
_		Lica every question and no	ave not aftered the wording of any of the questions of	
	form.			

Date:	_11.28.2022
Your Name:	G Alexander Patterson
Manuscript	Title: Sawubona reprise: Reflections on the European Society of Thoracic Surgeons
Presidentia	al Address 2022
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.

		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.	x_None	
		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 lectures, presentations,	x_None			
	speakers bureaus,				
	manuscript writing or				
6	educational events Payment for expert	x None			
U	testimony	_xnone			
	Cestimony				
7	Support for attending meetings and/or travel	xNone			
8	Patents planned, issued or	xNone			
	pending				
	5				
9	Participation on a Data Safety Monitoring Board or	_xNone			
	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			
12	Receipt of equipment, materials, drugs, medical	x_None			
	writing, gifts or other				
	services				
13	Other financial or non-	x None			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
1	Vone				

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

Date:17. Nov 2022
Your Name: Rene Horsleben Petersen
Manuscript Title: Sawubona reprise: Reflections on the European Society of Thoracic Surgeons
Presidential Address 2022
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.

		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.	xNone	
		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,	Medtronic, AMBU, Medela, AstraZeneca	Speaker fee	
	manuscript writing or educational events			
6	Payment for expert	_xNone		
	testimony			
7	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or	xNone		
	pending			
	5	4 . 7		
9	Participation on a Data Safety Monitoring Board or	AstraZeneca, Roche, MSD	Advisory Board	
	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	_xNone		
12	Receipt of equipment,	_xNone		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	_xNone		
	financial interests			
Dloa	Please summarize the above conflict of interest in the following hov:			

Speaker fee: Medtronic, AMBU, Medela, AstraZeneca Advisory Board: AstraZeneca, Roche, MSD	

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

Date: 21/11/22

Your Name:\_Janette Rawlinson

Manuscript Title: Sawubona reprise: Reflections on the European Society of Thoracic Surgeons Presidential Address

2022

Manuscript number (if known): JTD-22-1550

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 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.

		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	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: past	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,	None	

	manuscript writing or		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	BTOG, ERS, CRUK, EORTC, NCRI	Travel/accommodation support for conferences where speaker/faculty or delegate 2019, 2020 or 2022
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	see details	Member of ELF lung cancer patient advisory group, EORTC lung cancer group, ERS taskforces on lung cancer, and patient panel UK lung cancer clinical expert group, NHSE lung cancer screening advisory group, NCRI lung network and consumer forum, BTOG steering committee, West Midlands Cancer Alliance Lung cancer EAG, CRUK funding panel and Stratified Medicine Programme governance board (ended July 2022), IQVIA ISEAC (independent scientific ethics and advisory committee) NHSE specialist cancer surgery clinical reference group (Aug 2021-July 2022), Sandwell and West Birmingham CCG lay director (2012 – Apr 2021) – all other roles current
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 am involved with a number of lung cancer groups, charities and organisations in UK and Europe, as a patient partner in research/public patient partner voice. I hold no leadership roles e.g. Chair . The Patient public voice role is an equal member in the duties and responsibilities of those committees. All have policies of reimbursing travel/accommodation to ensure that nobody is left out of pocket by taking part in research. Some offer honoraria. Very few meetings have taken place in person during the pandemic in person therefore travel reimbursement has been minimal. My CCG role was a fiduciary role as an equal member of the board. As an independent, I am repaid as an individual.

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 form.

Da	te:11.28.22				
Your Name:Gaetano Rocco, MD					
Ma	Manuscript Title: Sawubona reprise: Reflections on the European Society of Thoracic Surgeons				
	esidential Address 20				
	anuscript number (if known)		<del></del>		
rel pa to rel Th ma Th to	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, be following questions apply anuscript only.  The author's relationships/act the epidemiology of hypertedication, even if that medications are successively and the second	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declar cation is not mentioned in	nips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive	•	
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		needed) Time frame: Since the initi	al planning of the work		
1	All support for the present	None	al planning of the work		
1	manuscript (e.g., funding,	None			
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: pas	st 36 months		
2	Grants or contracts from	None None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses		Scanlan International		

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		Astra Zeneca	
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:			
	Royalties from Scanlan Internal Advisory board for AstraZeneca			

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

**Your Name: Brendon Stiles** 

Manuscript Title: Sawubona reprise: Reflections on the European Society of Thoracic Surgeons Presidential Address

2022.

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.

		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	Bristol Myers Squibb	Funding for investigator initiated trial with translational research
	in item #1 above).	Bristol Myers Squibb Foundation	Funding for lung cancer screening grant.
3	Royalties or licenses	None	

4	Consulting fees	Pfizer, AstraZeneca, Bristol Myers Squibb, Roche- Genentech, Arcus Biosciences, Galvanize Therapeutics, Medtronic	Consulting and/or advisory boards
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	TARGETING ART1 FOR CANCER IMMUNOTHERAPY (Patent Application Serial No.: 63/307,502, filed February 7, 2022)	Therapeutic monoclonal antibody for cancer therapy
9	Participation on a Data	Medtronic	Steering committee
	Safety Monitoring Board or	Galvanize Therapeutics	DSMB
	Advisory Board	RAMON study	TSC/DMEC
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	LUNGevity Lung Cancer Research Foundation	Scientific Advisory Board Board, Vice Chair
11	Stock or stock options	Xalud Therapeutics	Wife: salary, stock, and options
		Pfizer	Wife: stock
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:

BMS received grants from Bristol Myers Squibb and Bristol Myers Squibb Foundation, and consulting fees from Pfizer, AstraZeneca, Bristol Myers Squibb, Roche-Genentech, Arcus Biosciences, Galvanize Therapeutics, Medtronic. BMS is the inventor of patents TARGETING ART1 FOR CANCER IMMUNOTHERAPY(Patent Application Serial No.: 63/307,502, filed February 7, 2022). BMS is a member of the Steering Committee for Medtronic for Medtronic, Data Safety Monitoring Board for Galvanize Therapeutics, Trial Steering Committee/Data Monitoring and Ethics Committee for RAMON study, Scientific Advisory Board for LUNGevity, Board and Vice Chair for Lung Cancer Research Foundation. BMS's spouse receives personal fees for salary from Xalud Therapeutics and owns stock, and options in Xalud Therapeutics, and stock in Pfizer.

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 form.		

Date: 21/11/2022
Your Name: Miss Javeria Tariq
Manuscript Title: Sawubona reprise: Reflections on the European Society of Thoracic Surgeons Presidential Address 2022
Manuscript number (if known):_ JTD-22-1550

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.

		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)
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	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: pastx_Nonex_None	36 months
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	x_None	
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	
13	Other financial or non- financial interests	_xNone	
	ease summarize the above c	onflict of interest in the f	ollowing box:

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

Date:l	November 16 <sup>th</sup> , 2022
Your Name: 0	Gonzalo Varela
Manuscript T	Title: Sawubona reprise: Reflections on the European Society of Thoracic Surgeons
Presidentia	ll Address 2022
Manuscript n	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 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.

		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)
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: past	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,	None				
	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	None				
10	Advisory Board					
10	Leadership or fiduciary role in other board, society, committee or advocacy	None				
	group, paid or unpaid					
11	Stock or stock options	None				
12	Receipt of equipment, materials, drugs, medical	None				
	writing, gifts or other					
	services					
13	Other financial or non- financial interests	None				
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.