Date:August. 12 <sup>th</sup> , 2022
Your Name:Ilitch Diaz-Gutierrez
Manuscript Title:_UNIPORTAL VS MULTIPORTAL THORACOSCOPIC SEGMENTECTOMY: A NORTH AMERICAN STUDY
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
narties 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)  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, 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	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	
	ase summarize the above co	onflict of interest in the fol	lowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate 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	e:2022-06-05		
	r Name:Charles Antoine N		
Mai	nuscript Title: <u>UNIPORTAL</u>	VS MULTIPORTAL THORAC	OSCOPIC SEGMENTECTOMY: A NORTH AMERICAN
	LTICENTER STUDY		
Maı	nuscript number (if known):	JTD-22-780	
rela part to to rela The	ted to the content of your name ies whose interests may be ransparency and does not not interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. t is preferable that you do	relationships/activities/interests listed below that are not any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.  s/activities/interests as they relate to the current
to t	he epidemiology of hyperte dication, even if that medica	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  in this manuscript without time limit. For all other items,
	time frame for disclosure is	the past 36 months.	
	time frame for disclosure is		
	time frame for disclosure is	Name all entities with	Specifications/Comments
	time frame for disclosure is	Name all entities with whom you have this	(e.g., if payments were made to you or to your
	time frame for disclosure is	Name all entities with whom you have this relationship or indicate	
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	time frame for disclosure is	Name all entities with whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
the	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
the	All support for the present	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
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Consulting fees

\_X\_\_None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	·		
7	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
	Double in the control of the control	V Nove	
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	XNone	
42		V N	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	pilowing 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:2022/06/05	
Your Name:Félix H	. Savoie-White
Manuscript Title:	UNIPORTAL VS MULTIPORTAL THORACOSCOPIC SEGMENTECTOMY: A NORTH AMERICAN
<b>MULTICENTER STU</b>	DY
Manuscript number	er (if known): JTD-22-780
In the interest of t	ransparency, we ask you to disclose all relationships/activities/interests listed below that a

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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	

	lectures, presentations,		
	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	X None	
٥	pending	XNone	
	pending		
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	Descript of a surject on the	V. Name	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
	ase summarize the above co	nflict of interest in the fo	llowing box:

5 Payment or honoraria for X 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:August. 12 <sup>th</sup> , 2022 Your Name:Jesse Doyle Manuscript Title:_UNIPORTAL VS MULTIPORTAL THORACOSCOPIC SEGMENTECTOMY: A NORTH AMERICAN STUDY
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.

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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, manuscript writing or	XNone	
	educational events		
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	X_None	
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 connection	onflict of interest in the fo	lowing box:
Ple	ase place an "X" next to the	following statement to in	dicate vour agreement:

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

	te: <u>6/6/2022</u> _			
Yo	ur Name:Qi Wang			
Ma	nuscript Title: <u>UNIPORTAI</u>	L VS MULTIPORTAL THORA	ACOSCOPIC SEGMENTECTOMY: A NORTH AMERICAN	
_	JLTICENTER STUDY			
Ma	nuscript number (if known)	): JTD-22-780		
rel par 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		ension, you should declar	edefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	
	tem #1 below, report all sup	• •	ed in this manuscript without time limit. For all other item	ıs,
		s the past 36 months.		
		Name all entities with	Specifications/Comments	
			Specifications/Comments (e.g., if payments were made to you or to your	
		Name all entities with whom you have this relationship or indicate	=	
		Name all entities with whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your	
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1	All support for the present	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
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4

Consulting fees

**X**\_\_None

5	Payment or honoraria for	_ <b>X</b> None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	<b>X</b> None		
	testimony			
7	Support for attending meetings and/or travel	_ <u>X</u> None		
8	Patents planned, issued or	<b>X</b> None		
	pending			
9	Participation on a Data	_ <u>X</u> None		
	Safety Monitoring Board or Advisory Board			
	,			
10	Leadership or fiduciary role	_ <u>X</u> None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	<b>X</b> None		
11	Stock of Stock options	_ <u>_</u> None		
12	Receipt of equipment,	X None		
	materials, drugs, medical	_ <u>X</u> 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:			
	Qi Wang has no conflict of interest to disclose.			

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

Date:August. 12 <sup>th</sup> , 2022 Your Name:Rafael S. Andrade Manuscript Title:_UNIPORTAL VS MULTIPORTAL THORACOSCOPIC SEGMENTECTOMY: A NORTH AMERICAN STUDY_ 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.				
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-	ension, you should declare	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.		
In item #1 below, report all su the time frame for disclosure i	• •	ed in this manuscript without time limit. For all other iter	ms,	
	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				

Time frame: past 36 months

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.

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

4

any entity (if not indicated

\_X\_\_None

\_X\_\_None

\_X\_\_None

X\_\_None

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	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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
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Ple	ase place an "X" next to the	e following statement to in	dicate 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:06/08/2022	
Your Name: Paula A. Ugalde Figueroa, MD	
Manuscript Title: <u>UNIPORTAL VS MULTIPORTAL THORACOSCOPIC SEGMENTECTOMY: A N</u>	<b>IORTH AMERICAN</b>
MULTICENTER STUDY	
Manuscript number (if known):JTD-22-780	

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
3	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
-	Payment for expert	None	
6		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	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	occon or occon op none		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:

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