

ICMJE DISCLOSURE FORM

Date: November 12, 2022.
 Your Name: Muteb Alzaidi.
 Manuscript Title: Suggested Robotic-Assisted Thoracic Surgery Training Curriculum.
 Manuscript number (if known): JTD-22-598-R2.

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 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 conflict of interest.

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.

ICMJE DISCLOSURE FORM

Date: 12 Nov 2022
 Your Name: Gavin Michael Wright
 Manuscript Title: Suggested Robotic-Assisted Thoracic Surgery Training Curriculum
 Manuscript number (if known): JTD-22-598-R2

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Time frame: past 36 months			
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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	___ Medtronic	Payment for educational events for minimally invasive thoracic surgery
		Device Technologies	Payment for teaching and proctoring robotic thoracic surgery
		Johnson and Johnson	Grant to institution for fellowship position
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	International Association for Study of Lung Cancer	Support as faculty for World Conference on Lung Cancer
		South East Asian Thoracic Surgeons Society	Support for speaking at thoracic surgery conference
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:

GMW reports non-financial support from Device Technologies, personal fees from Device Technologies, during the conduct of the study; personal fees from Medtronic, grants from Johnson & Johnson, outside the submitted work.

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.

ICMJE DISCLOSURE FORM

Date: Nov 12 2022

Your Name: Kazuhiro Yasufuku

Manuscript Title: Suggested Robotic -Assisted Thoracic Surgery Training Curriculum

Manuscript number (if known): JTD - 22 - 598

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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