

# ICMJE DISCLOSURE FORM

Date: 4/19/22

Your Name: Matthew Bacchetta

Manuscript Title: *Short term outcomes of robotic assisted versus open transthoracic diaphragmatic plication*

Manuscript number (if known): JTD-22-442

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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	<input checked="" type="checkbox"/> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

**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.

# ICMJE DISCLOSURE FORM

**Date:** 12/29/2022

**Your Name:** Steve Deppen

**Manuscript Title:** Short term outcomes of robotic assisted transthoracic diaphragmatic plication

**Manuscript Number (if known):** JTD-22-442

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# ICMJE DISCLOSURE FORM

**Date:** 12/29/2022

**Your Name:** Donald Moe

**Manuscript Title:** Short term outcomes of robotic assisted transthoracic diaphragmatic plication

**Manuscript Number (if known):** JTD-22-442

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# ICMJE DISCLOSURE FORM

Date:4/21/2022

Your Name: Erin Gillaspie

Manuscript Title: *Short term outcomes of robotic assisted versus open transthoracic diaphragmatic plication*

Manuscript number (if known): JTD-22-442

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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4	Consulting fees	<input type="checkbox"/> None	ADVISORY BOARD ASTRA ZENECA
5	Payment or honoraria for	<input type="checkbox"/> None	ASCO

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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# ICMJE DISCLOSURE FORM

Date: 4/21/2022

Your Name: Eric Grogan

Manuscript Title: *Short term outcomes of robotic assisted versus open transthoracic diaphragmatic plication*

Manuscript number (if known): JTD-22-442

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*gl A* 4/21/22

# ICMJE DISCLOSURE FORM

Date:4/21/2022

Your Name: Eric Lambright

Manuscript Title: *Short term outcomes of robotic assisted versus open transthoracic diaphragmatic plication*

Manuscript number (if known): JTD-22-442

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# ICMJE DISCLOSURE FORM

**Date:** 9/8/2022

**Your Name:** Hannah Marmor

**Manuscript Title:** Short term outcomes of robotic assisted transthoracic diaphragmatic plication

**Manuscript Number (if known):** JTD-22-442

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Date:4/21/2022

Your Name: Jonathan Nesbitt

Manuscript Title: *Short term outcomes of robotic assisted versus open transthoracic diaphragmatic plication*

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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**Please summarize the above conflict of interest in the following box:**

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☒ 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:** 9/8/2022

**Your Name:** David Xiao

**Manuscript Title:** Short term outcomes of robotic assisted transthoracic diaphragmatic plication

**Manuscript Number (if known):** JTD-22-442

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<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <table border="1"> <tr> <td>National Institutes of Health grant T32 CA106183</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	National Institutes of Health grant T32 CA106183					Click the tab key to add additional rows.
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<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
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