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.

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		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).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	X_None	
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	_XNone	
13	Other financial or non- financial interests	XNone	
Ple	ease summarize the above c	onflict of interest in the fol	lowing 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:	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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		Time frame: past 36 mo	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	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	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)
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	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

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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		Time frame: past 36 month	าร
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	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	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)
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	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

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

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		Time frame: pa	st 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	ASTRA GRADA MODRINGA WAJCHAST
5	Payment or honoraria for	None	ASCO '

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
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	testimony		
7	Cooperat for attacking	News	LACIC DED
7	Support for attending meetings and/or travel	None	IASLC, PER
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy		
44	group, paid or unpaid		
11	Stock or stock options	_xNone	
	Descipt of aguinment	y None	
12	Receipt of equipment,	xNone	
	materials, drugs, medical	xNone	
	materials, drugs, medical writing, gifts or other	xNone	
12	materials, drugs, medical writing, gifts or other services		
	materials, drugs, medical writing, gifts or other services Other financial or non-	xNonexNone	
12	materials, drugs, medical writing, gifts or other services		
12	materials, drugs, medical writing, gifts or other services Other financial or non-		
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12	materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests	xNone	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: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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		Time frame: pas	t 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	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	
	The Markets	ment NUMBER And offers	
8	Patents planned, issued or pending	None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	and the state of t
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	X None ★	
	financial interests		

Please summarize the	e above conflict of	f interest in the fo	ollowing box:	
				200

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

	Payment or honoraria for 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	_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	
42	Descript of a surject out	Nana	
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 foll	owing 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	<b>.</b> .		9/8/2022			
Your Name:			Hannah Marmor			
	uscript Title:			ed transthoracic diaphragmatic plication		
	•	known):	JTD-22-442	eu transmoraete ampiraginate preution		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub  The author's relationships/activiti epidemiology of hypertension, you that medication is not mentioned		arency, wo ript. "Rela of the ma re in doub ps/activiti ension, yo nentioned	rt for the work reported in this manuscript without time limit. For all other items, the time			
			l entities with whom you have this ship 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		
	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.		nal Institutes of Health grant T32 5183	Click the tab key to add additional rows.		
			Time frame: past 36 month	S		
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⋈] N	one			
3	Royalties or licenses	⊠ N	one			

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	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	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)		
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			
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:4/21/2022

Your Name: Jonathan Nesbitt

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

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

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3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	
5		_xNone	

	Payment or honoraria for		
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x None	
U	testimony	_xNone	
	testimony		
7	Support for attending	_xNone	
,	meetings and/or travel		
	<b>3</b>		
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	_xNone	
	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	x None	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		
Dloo	see cummarize the above co	unflict of interest in the fall	owing how
Pied	se summarize the above co	milet of interest in the ion	owing 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:			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			
cor affe ind	etent of your manuscr ected by the content of icate a bias. If you are	ipt. "Rela of the ma e in doubt	eask you to disclose all relationships/activities/interests listed below that are related to the ted" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.			
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.						
			l entities with whom you have this ship 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		
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		CA106	6183			
				Click the tab key to add additional rows.		
			Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] <b>N</b> •	one			
3	Royalties or licenses	⊠ Ne	one			

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	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	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)			
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				
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