

ICMJE DISCLOSURE FORM

Date: 12-05-2023

Your Name: Yao Ding

Manuscript Title: Risk assessment for postoperative venous thromboembolism using the modified Caprini risk assessment model in lung cancer

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 current manuscript only.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None

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.

ICMJE DISCLOSURE FORM

Date: 12-05-2023

Your Name: Lijun Yao

Manuscript Title: Risk assessment for postoperative venous thromboembolism using the modified Caprini risk assessment model in lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 12-05-2023

Your Name: Tao Tan

Manuscript Title: Risk assessment for postoperative venous thromboembolism using the modified Caprini risk assessment model in lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 12-05-2023

Your Name: Qiang Li

Manuscript Title: Risk assessment for postoperative venous thromboembolism using the modified Caprini risk assessment model in lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 12-05-2023

Your Name: Haoming Shi

Manuscript Title: Risk assessment for postoperative venous thromboembolism using the modified Caprini risk assessment model in lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 12-05-2023

Your Name: Yuan Tian

Manuscript Title: Risk assessment for postoperative venous thromboembolism using the modified Caprini risk assessment model in lung cancer

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 12-05-2023

Your Name: Aimée J.P.M. Franssen

Manuscript Title: Risk Assessment for Postoperative Venous Thromboembolism using the modified Caprini Risk Assessment Model in Lung Cancer

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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 conflicts of interest to declare.

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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: 12-05-2023

Your Name: Erik R. de Loos

Manuscript Title: Risk Assessment for Postoperative Venous Thromboembolism using the modified Caprini Risk Assessment Model in Lung Cancer

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13	Other financial or non-financial interests	one	

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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: 12-5-2023

Your Name: Muteb AL Zaidi

Manuscript Title: Risk Assessment for Postoperative Venous Thromboembolism using the modified Caprini Risk Assessment Model in Lung Cancer.

Manuscript number (if known): _____

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I have no conflict of interest in any of the items mentioned above.

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ICMJE DISCLOSURE FORM

Date: 12-5-2023

Your Name: Giuseppe CARDILLO

Manuscript Title: Risk Assessment for Postoperative Venous Thromboembolism using the modified Caprini Risk Assessment Model in Lung Cancer

Manuscript number (if known): _____

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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: 2023/5/12

Your Name: Biniam Kidane

Manuscript Title: Risk assessment for postoperative venous thromboembolism using the modified Caprini risk assessment model in lung cancer

Manuscript number (if known): _____

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Your Name: Konstantinos Grapatsas

Manuscript Title: Risk Assessment for Postoperative Venous Thromboembolism using the modified Caprini Risk Assessment Model in Lung Cancer

Manuscript number (if known): _____

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
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 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: 12-05-2023

Your Name: Qingchen Wu

Manuscript Title: Risk assessment for postoperative venous thromboembolism using the modified Caprini risk assessment model in lung cancer

Manuscript number (if known): _____

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Date: 12-05-2023

Your Name: Cheng Zhang

Manuscript Title: Risk assessment for postoperative venous thromboembolism using the modified Caprini risk assessment model in lung cancer

Manuscript number (if known): _____

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