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)	
IVIAITASCI IDE HAITIDEL III KITOVVIII	

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).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		1	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
	-		
7	Support for attending meetings and/or travel	XNone	
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	XNone	
	_		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	V None	
13	Other financial or non- financial interests	XNone	
	illianciai interests		

None		

Please place an "X" next to the following statement to indicate your agreement:

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):	

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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
	,		
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	Descipt of agricument	V. Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
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None		

Please place an "X" next to the following statement to indicate your agreement:

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

Manuscri	pt 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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
	,		
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	Descipt of agricument	V. Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
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Please place an "X" next to the following statement to indicate your agreement:

Date: 12-05-	2023
our Name:	Qiang Li

Manuscript Title: Risk assessment for postoperative venous thromboembolism using the modified Caprini risk assessment

model in lung cancer

Manuscript nun	ber (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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	l		planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
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		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
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7	Support for attending	X None	
'	meetings and/or travel		
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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	Descipt of agricument	V. Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
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None		

Please place an "X" next to the following statement to indicate your agreement:

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 nun	ber (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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
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8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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11	Stock or stock options	X_None	
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12	Receipt of equipment, materials, drugs, medical	XNone	
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13	Other financial or non-	XNone	
	financial interests	_	
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None		

Please place an "X" next to the following statement to indicate your agreement:

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):	

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	XNone	
	manuscript (e.g., funding,		
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2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
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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	Descipt of agricument	V. Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
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13	Other financial or non-	XNone	
	financial interests	_	
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None		

Please place an "X" next to the following statement to indicate your agreement:

Date: 1 2 -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 Manuscript number (if known):

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1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
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		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
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	
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	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

I have no conflicts of	I have no conflicts of interest to declare.				

Please place an "X" next to the following statement to indicate your agreement:

Date: 1 2 -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 Manuscript number (if known):

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		Time frame: past	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 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	one

I have no conflicts of inter	est to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:12-5-2023
Your Name:Muteb AL Zaidi
Manuscript Title: Risk Assessment for Postoperative Venous Thromboembolism using the modified Caprini Ris
Assessment Model in Lung Cancer.
Manuscript number (if known):

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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
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 testimony	None	
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7	Support for attending meetings and/or travel	None	
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	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests		

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

Please place an "X" next to the following statement to indicate your agreement:

Date:12-5-2023	
our 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):	

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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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		
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7	Support for attending meetings and/or travel	None	
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	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
. :		and the second second	all and the second of the seco
Plea	se summarize the above co	nflict of interest in the f	ollowing box:

NO CONFLICT OF INTEREST		

Please place an "X" next to the following statement to indicate your agreement:

	TOTAL PROGRAMME TOTAL
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 numbe	r (if known):
related to the conto parties whose inter to transparency and	ansparency, we ask you to disclose all relationships/activities/interests listed below that are ent of your manuscript. "Related" means any relation with for-profit or not-for-profit third rests may be affected by the content of the manuscript. Disclosure represents a commitment d does not necessarily indicate a bias. If you are in doubt about whether to list a cy/interest, it is preferable that you do so.
The following quest manuscript only.	tions apply to the author's relationships/activities/interests as they relate to the <u>current</u>
to the epidemiolog	onships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains y of hypertension, you should declare all relationships with manufacturers of antihypertensive that medication is not mentioned in the manuscript.
	eport all support for the work reported in this manuscript without time limit. For all other items disclosure is the past 36 months.

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	., .,	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	V None	
/	Support for attending meetings and/or travel	XNone	
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		
4.4	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	+
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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None		

Please place an "X" next to the following statement to indicate your agreement:

	40	^-	20	
Date:	12.	.05.	.ZU	123

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)	:

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 <u>current manuscript only</u>.

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	I	Time frame: Since the initial	planning of the work
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	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
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2	Grants or contracts from	None	30 months
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3	Royalties or licenses	None	
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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	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	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the	following box:

None			

Please place an "X" next to the following statement to indicate your agreement:

Your Name: Qingchen Wu

Manuscript Title: Risk assessment for postoperative venous thromboembolism using the modified Caprini risk assessment

model in lung cancer

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	l		planning of the work
1	All support for the present	XNone	
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		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
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	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
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	XNone	
	_		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
Dlas	sa summariza tha abaya sa	nflict of interest in the	following how

Please place an "X" next to the following statement to indicate your agreement:

Date:	12-05-2023
Dute.	12 03 2023

Your Name: Cheng Zhang

Manuscript Title: Risk assessment for postoperative venous thromboembolism using the modified Caprini risk assessment

model in lung cancer

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12	Receipt of equipment,	XNone	
	materials, drugs, medical		
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	services		
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