Date: Feb. 20<sup>th</sup>, 2023

Your Name: Andreas Kirschbaum

Manuscript Title: Continous intraoperative neuromonitoring of the recurrent laryngeal nerve during lung operations

Manuscript number (if known): JTD-22-1515-CL

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution)  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   |   |

| 5   | 5 Payment or honoraria for lectures, presentations,                 | XNone  |  |  |
|---|---|--------|--|--|
|   |   |        |  |  |
|   | 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  | X None |  |  |
|   | 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  |  |  |
|   |   |        |  |  |
|   |   |        |  |  |
| 12  | Receipt of equipment, materials, drugs, medical                     | X_None |  |  |
|   |   |        |  |  |
|   | writing, gifts or other   |        |  |  |
|   | services  |        |  |  |
| 13  | Other financial or non-   | XNone  |  |  |
|   | financial interests   |        |  |  |
|   |   |        |  |  |
|   |   |        |  |  |
| Dia -   | Discontinuous the short conflict of interest in the fell state beau |        |  |  |
| Please summarize the above conflict of interest in the following box: |   |        |  |  |
|   |   |        |  |  |

None.

Date: Feb. 20<sup>th</sup>, 2023 Your Name: Nora Jochens

Manuscript Title: Continous intraoperative neuromonitoring of the recurrent laryngeal nerve during lung operations

Manuscript number (if known): JTD-22-1515-CL

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|   |   | 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   |   |

| 5   | 5 Payment or honoraria for lectures, presentations,                 | XNone  |  |  |
|---|---|--------|--|--|
|   |   |        |  |  |
|   | 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  | X None |  |  |
|   | 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  |  |  |
|   |   |        |  |  |
|   |   |        |  |  |
| 12  | Receipt of equipment, materials, drugs, medical                     | X_None |  |  |
|   |   |        |  |  |
|   | writing, gifts or other   |        |  |  |
|   | services  |        |  |  |
| 13  | Other financial or non-   | XNone  |  |  |
|   | financial interests   |        |  |  |
|   |   |        |  |  |
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| Dia -   | Discontinuous the short conflict of interest in the fell state beau |        |  |  |
| Please summarize the above conflict of interest in the following box: |   |        |  |  |
|   |   |        |  |  |

None.

Date: Feb. 20<sup>th</sup>, 2023 Your Name: David Stay

Manuscript Title: Continous intraoperative neuromonitoring of the recurrent laryngeal nerve during lung operations

Manuscript number (if known): JTD-22-1515-CL

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|   |   | 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   |   |

| 5   | 5 Payment or honoraria for lectures, presentations,                 | XNone  |  |  |
|---|---|--------|--|--|
|   |   |        |  |  |
|   | 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  | X None |  |  |
|   | 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  |  |  |
|   |   |        |  |  |
|   |   |        |  |  |
| 12  | Receipt of equipment, materials, drugs, medical                     | X_None |  |  |
|   |   |        |  |  |
|   | writing, gifts or other   |        |  |  |
|   | services  |        |  |  |
| 13  | Other financial or non-   | XNone  |  |  |
|   | financial interests   |        |  |  |
|   |   |        |  |  |
|   |   |        |  |  |
| Dia -   | Discontinuous the short conflict of interest in the fell state beau |        |  |  |
| Please summarize the above conflict of interest in the following box: |   |        |  |  |
|   |   |        |  |  |

None.

Date: Feb. 20<sup>th</sup>, 2023

Your Name: Christian Meyer

Manuscript Title: Continous intraoperative neuromonitoring of the recurrent laryngeal nerve during lung operations

Manuscript number (if known): JTD-22-1515-CL

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|   |   | Name all entities with                      | Specifications/Comments                                     |
|---|---|---|---|
|   |   | whom you have this relationship or indicate | (e.g., if payments were made to you or to your institution) |
|   |   | none (add rows as                           | institution   |
|   |   | needed)                                     |   |
|   |   | Time frame: Since the initial               | 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.)  No time limit for this item. |   |   |
|   | No time mint for this item.                             |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   | 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   | 5 Payment or honoraria for lectures, presentations,                 | XNone  |  |  |
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|   | manuscript writing or   |        |  |  |
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| 6   | Payment for expert  | XNone  |  |  |
|   | testimony   |        |  |  |
|   |   |        |  |  |
| 7   | Support for attending meetings and/or travel                        | XNone  |  |  |
|   |   |        |  |  |
|   |   |        |  |  |
| 8   | Patents planned, issued or  | X None |  |  |
|   | 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  |  |  |
|   |   |        |  |  |
|   |   |        |  |  |
| 12  | Receipt of equipment, materials, drugs, medical                     | X_None |  |  |
|   |   |        |  |  |
|   | writing, gifts or other   |        |  |  |
|   | services  |        |  |  |
| 13  | Other financial or non-   | XNone  |  |  |
|   | financial interests   |        |  |  |
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|   |   |        |  |  |

None.

Date: Feb. 20<sup>th</sup>, 2023

Your Name: Detlef K. Bartsch

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| 4 | Consulting fees   | XNone   |   |

| 5   | 5 Payment or honoraria for lectures, presentations,                 | XNone  |  |  |
|---|---|--------|--|--|
|   |   |        |  |  |
|   | 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  | X None |  |  |
|   | 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  |  |  |
|   |   |        |  |  |
|   |   |        |  |  |
| 12  | Receipt of equipment, materials, drugs, medical                     | X_None |  |  |
|   |   |        |  |  |
|   | writing, gifts or other   |        |  |  |
|   | services  |        |  |  |
| 13  | Other financial or non-   | XNone  |  |  |
|   | financial interests   |        |  |  |
|   |   |        |  |  |
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|   |   |        |  |  |

None.