

## ICMJE DISCLOSURE FORM

Date: 18/03/2023

Your Name: Alessandro Wasum Mariani

Manuscript Title: Practice patterns and trends in surgical treatment for chronic lung infections: a survey from the Brazilian Society of Thoracic Surgery

Manuscript number (if known): JTD-23-111

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astra Zeneca Merck Sharp & Dohme	honoraria for lectures honoraria for lectures
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Denuo	Rib fixation course on Jacksonville
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:

I've received honoraria for lectures from Astra Zeneca and MSD companies and travel grants for rib fixation course from Denuo company.

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.

  
Alessandro Wasum Mariani  
March 20, 2023

## ICMJE DISCLOSURE FORM

Date: 18/03/2023

Your Name: Paula Duarte D'Ambrosio

Manuscript Title: Practice patterns and trends in surgical treatment for chronic lung infections: a survey from the Brazilian Society of Thoracic Surgery

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## ICMJE DISCLOSURE FORM

Date: 18/03/2023

Your Name: Dr. Sérgio Tadeu Lima Fortunato

Manuscript Title: Practice patterns and trends in surgical treatment for chronic lung infections: a survey from the Brazilian Society of Thoracic Surgery

Manuscript number (if known): JTD-23-111

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None.

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## ICMJE DISCLOSURE FORM

Date: 18/03/2023

Your Name: Ricardo Mingarini Terra

Manuscript Title: Practice patterns and trends in surgical treatment for chronic lung infections: a survey from the Brazilian Society of Thoracic Surgery

Manuscript number (if known): JTD-23-111

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Specifications/Comments

(e.g., if payments were made to you or to your institution)

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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.

None

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

ASTRAZENICA, MEDTRONIC, ROCHE, BMS, MSD, TAKEDA, INTUITIVE

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  
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Other financial or non-financial interests

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*None.*

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Your Name: Paulo Manuel Pêgo Fernandes

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