

ICMJE DISCLOSURE FORM

Date: September 12, 2023

Your Name: Christina Stuart

Manuscript Title: Social Vulnerability is Associated with Post-Operative Morbidity following Robotic-Assisted Lung Resection

Manuscript number (if known): JTD-23-1122

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.	National Institutes of Health	CMS receives salary support, in part, by the National Institutes of Health, under Ruth L. Kirschstein National Research Service Award T32CA17468.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Indicated above	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> 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:

CMS receives salary support, in part, by the National Institutes of Health, under Ruth L. Kirschstein National Research Service Award T32CA17468.

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.

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Date: September 12, 2023

Your Name: Adam Dyas

Manuscript Title: Social Vulnerability is Associated with Post-Operative Morbidity following Robotic-Assisted Lung Resection

Manuscript number (if known): JTD-23-1122

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Date: September 12, 2023

Your Name: Sara Byers

Manuscript Title: Social Vulnerability is Associated with Post-Operative Morbidity following Robotic-Assisted Lung Resection

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ICMJE DISCLOSURE FORM

Date: September 12, 2023

Your Name: Catherine Velopulos

Manuscript Title: Social Vulnerability is Associated with Post-Operative Morbidity following Robotic-Assisted Lung Resection

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ICMJE DISCLOSURE FORM

Date: September 12, 2023

Your Name: Simran Randhawa

Manuscript Title: Social Vulnerability is Associated with Post-Operative Morbidity following Robotic-Assisted Lung Resection

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Date: September 12, 2023

Your Name: Elizabeth David

Manuscript Title: Social Vulnerability is Associated with Post-Operative Morbidity following Robotic-Assisted Lung Resection

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Date: September 12, 2023

Your Name: John Mitchell

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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	__X__ None	
4	Consulting fees	Intuitive Surgical Inc.	JDM performs consulting for Intuitive Surgical, Inc.

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	
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Date: September 12, 2023

Your Name: Robert A. Meguid

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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