Date:9/15/2023	
Your Name:Fatemehsada	t Pezeshkian
Manuscript Title: Image-g	ided video-assisted thoracoscopic surgery (iVATS): A single center experience and review
Manuscript number (if know	n): JTD-23-1461

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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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone		
6	Payment for expert testimony	_XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	X_None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	X_None		
	Please summarize the above conflict of interest in the following box: No disclosures			

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:9	9/15/2023	
Your Name	e:Miles McAllister	
Manuscrip	t Title: Image-guided v	deo-assisted thoracoscopic surgery (iVATS): A single center experience and review
Manuscrip	t number (if known): JTD	23-1461

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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.	x_None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastx_None	36 months
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or honoraria for	x_None	
	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	x_None	
	pending		
_	Double in the control of the control	No. No.	
9	Participation on a Data Safety Monitoring Board or	xNone	
	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	Descript of a surject on a set	No.	
12	Receipt of equipment, materials, drugs, medical	xNone	
	writing, gifts or other		
	services		
13	Other financial or non-	x None	
	financial interests		
	Please summarize the above conflict of interest in the following box: I have no disclosures or conflicts of interest relevant to this manuscript		

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:9/15/2023
Your Name:Anupama Singh
Manuscript Title: Image-guided video-assisted thoracoscopic surgery (iVATS): A single center experience and review
Manuscript number (if known): JTD-23-1461

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		Time frame: Since the initia	l 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	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone		
6	Payment for expert testimony	_xNone		
7	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or pending	x_None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone		
11	Stock or stock options	xNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None		
13	Other financial or non- financial interests	_xNone		
Please summarize the above conflict of interest in the following box: I have no disclosures or conflicts of interest relevant to this manuscript				
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 t				

form.

Date:9/15/	2023
Your Name:_M	ichael T. Jaklitsch
Manuscript Tit	e: Image-guided video-assisted thoracoscopic surgery (iVATS): A single center experience and review
Manuscript nu	mber (if known): JTD-23-1461

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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	xNone	
	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	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5 Payment or honoraria for lectures, presentations,		xNone		
	speakers bureaus,			
	manuscript writing or			
6	educational events Payment for expert	x None		
	testimony	XNone		
	·			
7	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or	xNone		
	pending			
9	Participation on a Data	x None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in other board, society,	xNone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_xNone		
12	Receipt of equipment,	x None		
12	materials, drugs, medical	X_None		
	writing, gifts or other services			
13	Other financial or non-	xNone		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
	lone			
Ι.				

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date	e:9/15/2023		
Your	Name:Ritu R. Gill		
	uscript Title:_Image-guided uscript number (if known):		opic surgery (iVATS): A single center experience and review
relat parti to tr relat	ed to the content of your nies whose interests may be ansparency and does not notionship/activity/interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	uscript only.	•	· · · · · · · · · · · · · · · · · · ·
to the med	ne epidemiology of hypertentication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. I in this manuscript without time limit. For all other items,
		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 initia	l 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	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

Payment or honoraria for

lectures, presentations,

_X__None

	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
J	testimony		
	•		
7	Support for attending meetings and/or travel	XNone	
	,		
8	Patents planned, issued or	XNone	
	pending		
•	5	V N	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	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-	Research support from	
	financial interests	Vital Images Inc	

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

No conflicts of interest or external funding or support was used for this manuscript. However, in general, I report research support from Vital Images Inc.

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.

Date:9/15/2023
Your Name:Raphael Bueno
Manuscript Title: Image-guided video-assisted thoracoscopic surgery (iVATS): A single center experience and review
Manuscript number (if known): JTD-23-1461

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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.	_x_None	
2	Grants or contracts from	Time frame: past	36 months
2	any entity (if not indicated in item #1 above).	MedGenome, Roche, Verastem, Genentech, Merck, Bicycles therapeutics, Serum, Intuitive, Siemens, NIH, DOD	
3	Royalties or licenses	x_None	

4	Consulting fees	xNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone	
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or pending	Through Brigham and Women's Hospital (4 of them)	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	Equity in company called Navigation Sciences	

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

I do not have any relevant financial disclosures or conflicts of interest pertinent to this manuscript. However, I have research grants and clinical trials support from MedGenome, Roche, Verastem, Genentech, Merck, Bicycles therapeutics, Serum, Intuitive, Siemens, NIH and DOD. Additionally, I have 4 patents through BWH (no royalties to date) and Equity in a new start-up company, Navigation Sciences.

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.				

Date:9/15/2023
Your Name:Antonio Coppolino
Manuscript Title:Image-guided video-assisted thoracoscopic surgery (iVATS): A single center experience and review
Manuscrint number (if known): ITD-23-1461

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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.	X_None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastXNoneXNone	36 months
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
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		V N	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non-	X None	
	financial interests		
Please summarize the above conflict of interest in the following box:			
N	lo disclosures		

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.