Da	te:14-DEC-2023		
	ur Name:Liuying Pan		
Ma	anuscript Title: Modi	fied surgical incision suturi	ng technique in uniportal video-assisted thoracoscopic
pu	Imonary resection		
Ma	anuscript number (if known)) :	
In rel pa to rel Th ma	the interest of transparency ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medicated the second sec	we ask you to disclose all manuscript. "Related" mea e affected by the content onecessarily indicate a bias. it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in the	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
the	e time frame for disclosure i	s the past 36 months.	
the	e time frame for disclosure i	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	All support for the present	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
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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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work
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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	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
Ple	Please summarize the above conflict of interest in the following box:				

None

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

		ICMJE DISCLOSURE FORM
Date:14-DEC-2023		
Your Name:Tengfei Chen_		
Manuscript Title: Modified	d surgical incision suturing te	echnique in uniportal video-assisted thoracoscopic pulmonal
Manuscript number (if known):	:	
related to the content of your r parties whose interests may be	manuscript. "Related" mean affected by the content of necessarily indicate a bias.	elationships/activities/interests listed below that are s any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a
The following questions apply t manuscript only.	to the author's relationships	/activities/interests as they relate to the <u>current</u>
	nsion, you should declare a	fined broadly. For example, if your manuscript pertains Il relationships with manufacturers of antihypertensive manuscript.
In item #1 below, report all sup the time frame for disclosure is	•	in this manuscript without time limit. For all other items,
	Name all entities with	Specifications/Comments

		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)
1	All cupport for the present	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any	X None	oo mendie
	entity (if not indicated in		
	item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X None	
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x None	
	testimony	XIVOITE	
	,		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V N	
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,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or	X None	
	non-financial interests		
Ple	ase summarize the above co	nflict of interest in the follo	owing box:
Г	NI		
	None		
L			
Ple	ase place an "X" next to the	following statement to indi	cate 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:	_14-DEC-2023	_
YourName:	e:Zhipan Liang	
•	Title: Modified surgical incision suturing technique in uniportal video-assisted thoracoscopic pulmor	ıary
	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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		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	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		
8	Patents planned, issued or	XNone		
	pending			
9	Darticipation on a Data	V. None		
9	Participation on a Data Safety Monitoring Board or	XNone		
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	XNone		
4.0				
12	Receipt of equipment,	XNone		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or	XNone		
	non-financial interests			
Ple	ease summarize the above co	nflict of interest in the following box:		
			\neg	
	None			

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

Date	6 decen	nber 2023
Your Nam	ie	PIERGIORGIO SOLLI
Manuscri	pt Title	Modified surgical incision suturing technique in single-port thoracoscopic pneumonectomy
Manuscri	pt numb	per (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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastNone None	36 months
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	None	
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:

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

Pinjogie Soll

Date: 21.12.2023
Your Name: Benedetta Bedetti
Manuscript Title: Modified surgical incision suturing technique in uniportal video-assisted thoracoscopic pulmonary resection
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

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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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	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	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
0	pending	None	
	Fe.13.16		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12			
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
		•	

Please summarize the above conflict of interest in the following box: None

None			

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.

Da	ate: 14-DEC-2023							
	Your Name:Kyung Soo Kim							
M	Manuscript Title: Modified surgical incision suturing technique in uniportal video-assisted thoracoscop							
pι	ılmonary resection							
M	anuscript number (if known):						
re pa to re Th <u>ma</u>	lated to the content of your arties whose interests may be transparency and does not lationship/activity/interest, the following questions apply anuscript only.	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do to the author's relationshi	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a poso. Ips/activities/interests as they relate to the current defined broadly. For example, if your manuscript pertains					
m In	edication, even if that medic	cation is not mentioned in poort for the work reporte	e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,					
		Name all entities with	Specifications/Comments					
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)					
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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,	XNone	
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	_		
8	Patents planned, issued or	XNone	
	pending		
		V N	
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	Nana		
	None		

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

Date:	_14-DEC-20	023								
YourName:	Xiaow	vei She								
Manuscript resection	Title:	Modified	surgical	incision	suturing	technique	in uniportal	video-assisted	thoracoscopic	pulmonary
Manuscript	number (if	known):								_

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3	Royalties or licenses	XNone
4	Consulting fees	XNone

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	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 services						
13	Other financial or	XNone					
	non-financial interests						
51							
PIE	ease summarize the above co	nflict of interest in the follo	wing box:				
	None						
L							

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