

## ICMJE DISCLOSURE FORM

Date: 14-DEC-2023  
 Your Name: Liuying Pan  
 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 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.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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 type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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

None
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**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.

ICMJE DISCLOSURE FORM

Date: 14-DEC-2023  
 Your Name: Tengfei Chen  
 Manuscript Title: Modified surgical incision suturing technique in uniportal video-assisted thoracoscopic pulmonary resection  
 Manuscript number (if known): \_\_\_\_\_

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ICMJE DISCLOSURE FORM

Date: 14-DEC-2023  
 YourName: Zhipan Liang  
 Manuscript Title: Modified surgical incision suturing technique in uniportal video-assisted thoracoscopic pulmonary resection  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date 6 december 2023

Your Name PIERGIORGIO SOLLI

Manuscript Title Modified surgical incision suturing technique in single-port thoracoscopic pneumonectomy

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

*Pierpaolo Sola*



## ICMJE DISCLOSURE FORM

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 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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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
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	
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## ICMJE DISCLOSURE FORM

Date: 14-DEC-2023  
 Your Name: Kyung Soo Kim  
 Manuscript Title: Modified surgical incision suturing technique in uniportal video-assisted thoracoscopic pulmonary resection  
 Manuscript number (if known): \_\_\_\_\_

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Date: 14-DEC-2023  
 YourName: Xiaowei She  
 Manuscript Title: Modified surgical incision suturing technique in uniportal video-assisted thoracoscopic pulmonary resection  
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