

## ICMJJE DISCLOSURE FORM

Date: 3.November.2023

Your Name: Yimu Wu

Manuscript Title: Safety and efficacy of delayed completion lobectomy following wedge resection versus segmentectomy—a retrospective cohort study

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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		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)
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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	
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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:**

Dr Wu has nothing to disclose.

**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.

## ICMJJE DISCLOSURE FORM

Date: 3.November.2023

Your Name: Kaiqi Jin

Manuscript Title: Safety and efficacy of delayed completion lobectomy following wedge resection versus segmentectomy—a retrospective cohort study

Manuscript number (if known): \_\_\_\_\_

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

Dr Jin has nothing to disclose.

**Please place an "X" next to the following statement to indicate your agreement:**

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## ICMJE DISCLOSURE FORM

Date: 3.November.2023

Your Name: Linlin Qin

Manuscript Title: Safety and efficacy of delayed completion lobectomy following wedge resection versus segmentectomy—a retrospective cohort study

Manuscript number (if known): \_\_\_\_\_

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

Dr Qin has nothing to disclose.

**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.

## ICMJE DISCLOSURE FORM

Date: 3.November.2023

Your Name: Zhaoxun Li

Manuscript Title: Safety and efficacy of delayed completion lobectomy following wedge resection versus segmentectomy—a retrospective cohort study

Manuscript number (if known): \_\_\_\_\_

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

Dr Li has nothing to disclose.

**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.



## ICMJE DISCLOSURE FORM

Date: 3.November.2023

Your Name: Xiaoxiong Xu

Manuscript Title: Safety and efficacy of delayed completion lobectomy following wedge resection versus segmentectomy— a retrospective cohort study

Manuscript number (if known): \_\_\_\_\_

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Dr Xu has nothing to disclose.

**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.

## ICMJE DISCLOSURE FORM

Date: 3.November.2023

Your Name: Jie Dai

Manuscript Title: Safety and efficacy of delayed completion lobectomy following wedge resection versus segmentectomy— a retrospective cohort study

Manuscript number (if known): \_\_\_\_\_

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Dr Dai has nothing to disclose.

**Please place an "X" next to the following statement to indicate your agreement:**

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## ICMJE DISCLOSURE FORM

Date: 3.November.2023

Your Name: Xiaogang Liu

Manuscript Title: Safety and efficacy of delayed completion lobectomy following wedge resection versus segmentectomy—a retrospective cohort study

Manuscript number (if known): \_\_\_\_\_

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## ICMJJE DISCLOSURE FORM

Date: 3.November.2023

Your Name: Xinnan Xu

Manuscript Title: Safety and efficacy of delayed completion lobectomy following wedge resection versus segmentectomy—a retrospective cohort study

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## ICMJE DISCLOSURE FORM

Date: 3.November.2023

Your Name: Xiao Zhou

Manuscript Title: Safety and efficacy of delayed completion lobectomy following wedge resection versus segmentectomy—a retrospective cohort study

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## ICMJJE DISCLOSURE FORM

Date: 3.November.2023

Your Name: Gening Jiang

Manuscript Title: Safety and efficacy of delayed completion lobectomy following wedge resection versus segmentectomy— a retrospective cohort study

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