

ICMJE DISCLOSURE FORM

Date: 16.02.2024

Your Name: LUKASZ TRYBALSKI

Manuscript Title: Impact of the bilateral mediastinal lymph node dissection on the pulmonary function in the early postoperative period after curative-intent lung surgery for cancer – a randomized 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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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.

		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.	<u>None</u>	<u>Ø</u>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	<u>Ø</u>
3	Royalties or licenses	<u>None</u>	<u>Ø</u>
4	Consulting fees	<u>None</u>	<u>Ø</u>

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	ϕ
6	Payment for expert testimony	___ None	ϕ
7	Support for attending meetings and/or travel	___ None	ϕ
8	Patents planned, issued or pending	___ None	ϕ
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	ϕ
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	ϕ
11	Stock or stock options	___ None	ϕ
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	ϕ
13	Other financial or non-financial interests	___ None	ϕ

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

ϕ

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

Lukasz Trybalski

ŁUKASZ TRYBALSKI
SPECJALISTA CHIRURG
I TORAKOCHIRURG
4899527

ICMJE DISCLOSURE FORM

Date: 16.02.2024

Your Name: JAKUB SZADURSKI

Manuscript Title: Impact of the bilateral mediastinal lymph node dissection on the pulmonary function in the early postoperative period after curative-intent lung surgery for cancer – a randomized study

Manuscript number (if known):

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13	Other financial or non-financial interests	None	

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

no conflict of interest

P

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

Jalut Sarduli

ICMJE DISCLOSURE FORM

Date: 16.02.2024

Your Name: Jarosław Kuźdźał

Manuscript Title: Impact of the bilateral mediastinal lymph node dissection on the pulmonary function in the early postoperative period after curative-intent lung surgery for cancer – a randomized study

Manuscript number (if known): _____

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P

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

ICMJE DISCLOSURE FORM

Date: 16.02.2024

Your Name: ALEKSANDER GALAS

Manuscript Title: Impact of the bilateral mediastinal lymph node dissection on the pulmonary function in the early postoperative period after curative-intent lung surgery for cancer – a randomized study

Manuscript number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

I have no conflict of interest

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.

Alexander Jakes

ICMJE DISCLOSURE FORM

Date: 16.02.2024

Your Name: Miroslaw Jancu RA

Manuscript Title: Impact of the bilateral mediastinal lymph node dissection on the pulmonary function in the early postoperative period after curative-intent lung surgery for cancer – a randomized study

Manuscript number (if known): _____

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13	Other financial or non-financial interests	___ None	

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ICMJE DISCLOSURE FORM

Date: **16.02.2024**

Your Name: **Warmus Janusz**

Manuscript Title: **Impact of the bilateral mediastinal lymph node dissection on the pulmonary function in the early postoperative period after curative-intent lung surgery for cancer – a randomized study**

Manuscript number (if known): _____

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13	Other financial or non-financial interests	___ 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.

Wamunus Yarus

ICMJE DISCLOSURE FORM

Date: 16.02.2024

Your Name: Katarzyna Żanowska

Manuscript Title: Impact of the bilateral mediastinal lymph node dissection on the pulmonary function in the early postoperative period after curative-intent lung surgery for cancer – a randomized study

Manuscript number (if known): _____

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Katherine Janowski

ICMJE DISCLOSURE FORM

Date: 16.02.2024

Your Name: Piotr Kocoń

Manuscript Title: Impact of the bilateral mediastinal lymph node dissection on the pulmonary function in the early postoperative period after curative-intent lung surgery for cancer – a randomized study

Manuscript number (if known):

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|---|--|------|

Time frame: past 36 months

2 Grants or contracts from _____ None
any entity (if not indicated
in item #1 above).

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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

8 Patents planned, issued or _____ None
pending

9 Participation on a Data _____ None
Safety Monitoring Board
or Advisory Board

10 Leadership or fiduciary _____ None
role in other board,
society, committee or

advocacy group, paid or
unpaid

11 Stock or stock options _____None

12 Receipt of equipment, _____None
materials, drugs, medical
writing, gifts or other
services

13 Other financial or non- _____None
financial interests

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Piotr Kocou

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