

ICMJE DISCLOSURE FORM

Date: Apr. 5th, 2024

Your Name: Lin Guo

Manuscript Title: Neoadjuvant therapy bridging Percutaneous coronary intervention (PCI) and Video-assisted thoracoscopic (VATS) lobectomy: a retrospective study

Manuscript number (if known): TCR-24-132

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
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Please summarize the above conflict of interest in the following box:

None.

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Date: Apr. 5th, 2024

Your Name: Songlei Ou

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Date: Apr. 5th, 2024

Your Name: Shaoyan Zhang

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