## **ICMJE DISCLOSURE FORM**

	e:_20. August. 2021				
	r Name: <u>Takeo Nakada</u>				
Manuscript Title:_ Thoracolaparoscopic carinal resection and reconstruction using pedicle omental flap					
Mar	Manuscript number (if known):				
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the	time frame for disclosure is	the past 36 months.			
		Name all entities with	Specifications/Comments		
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)		
		1			
		needed)	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.	1	planning of the work		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	needed) Time frame: Since the initia			
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	needed) Time frame: Since the initia _X_ None			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	needed) Time frame: Since the initia _X_ None  Time frame: past			

Consulting fees

X None

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

Dat	e:_20. August. 2021				
You	r Name: <u>Takashi Ohtsuka</u> _				
Manuscript Title:_ Thoracolaparoscopic carinal resection and reconstruction using pedicle omental flap					
Mai	Manuscript number (if known):				
rela part to t rela The mar	ted to the content of your maties whose interests may be ransparency and does not not tionship/activity/interest, it following questions apply to the content only.  author's relationships/activity	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship wities/interests should be <u>d</u>	relationships/activities/interests listed below that are not any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.  s/activities/interests as they relate to the current  efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive		
	dication, even if that medica	· ·			
	em #1 below, report all sup time frame for disclosure is	the past 36 months.	in this manuscript without time limit. For all other items,		
		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.	X None			
	No time minit for this item.				
		Time frame: past	36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_ None			
	Royalties or licenses	Y None			

Consulting fees

X None

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