ICMJE DISCLOSURE FORM

Date:	September 6, 2021
Your Name:_	Natsumi Matsuura
Manuscript 1	Fitle:Carinal resection and reconstruction: now and in the future
Manuscript i	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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for	xNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	x_None		
	testimony			
7	Support for attending	x None		_
,	meetings and/or travel	xNone		
	meetings and/or traver			
_				
8	Patents planned, issued or	x_None		
	pending			
_	Participation on a Data	Name		
9	Participation on a Data	xNone		
	Safety Monitoring Board or Advisory Board			_
10	Leadership or fiduciary role	x None		_
10	in other board, society,	xNone		_
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	x None		
	·			
12	Receipt of equipment,	_xNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	x_None		
	financial interests			
Dia	ase summarize the above co	inflict of interest in the fall	owing hove	
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	have no conflicte of the con-			
	have no conflicts of intere	est to declare.		

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:	September 6, 2021
Your Name:_	Hitoshi Igai
Manuscript 1	Fitle:Carinal resection and reconstruction: now and in the future
Manuscript ı	number (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations,	xNone		
	speakers bureaus, manuscript writing or educational events			
6	Payment for expert	xNone		_
	testimony			_
				_
7	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or	xNone		
	pending			
0	Double in a tien on a Date	Nama		
9	Participation on a Data Safety Monitoring Board or	x_None		_
	Advisory Board			
10	Leadership or fiduciary role	xNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			_
11	Stock or stock options	xNone		
				-
12	Receipt of equipment,	x None		
	materials, drugs, medical			
	writing, gifts or other			
13	services Other financial or non-	y None		
13	financial interests	xNone		
	Timariolar interests			_
Ple	ase summarize the above co	nflict of interest in the foll	owing box:	
I	I have no conflicts of interest to declare.			

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ICMJE DISCLOSURE FORM

Date	e:September 6, 2021		
You	r Name:Mitsuhiro K	Kamiyoshihara	
Mar	nuscript Title:Carinal reso	ection and reconstruction:	now and in the future
Mar	nuscript number (if known):		
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		o the author's relationship	s/activities/interests as they relate to the <u>current</u>
IIIai	uscript only.		
to th	• •	nsion, you should declare	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.
	em #1 below, report all sup time frame for disclosure is		l in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	xNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	x None	
-	any entity (if not indicated		
	in item #1 above).		

Royalties or licenses

Consulting fees

_x___None

x__None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone	
6	Payment for expert testimony	_xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	_xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	_xNone	
Ple	ase summarize the above co	nflict of interest in the following box:	
I	have no conflicts of intere	st to declare.	

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