

ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: lei wang

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

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.

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: ___ Xiaolong Yan ___

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Jinbo Zhao

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Chang Chen

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Chun Chen

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Jun Chen

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Ke-Neng Chen

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Tiesheng Cao

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: ___ Ming-Wu Chen ___

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Junqiang Fan

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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

None.

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: Nov. 23th, 2021

Your Name: Junke Fu

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

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.

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None.

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Shugeng Gao

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Hui Guo

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Shiping Guo

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Wei Guo

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Yongtao Han

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Ge-Ning Jiang

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: __ Hongjing Jiang _____

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Wen-Jie Jiao

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: ___ Mingqiang Kang _____

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: ___ Xuefeng Leng ___

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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:

None.

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: Nov. 23th, 2021

Your Name: He-Cheng Li

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: __ Jing Li __

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Jian Li

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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None.

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Shao-Min Li

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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None.

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Shuben Li

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Zhigang Li

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: __ Zhongcheng Li __

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Chaoyang Liang

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: ___ Nai-Quan Mao ___

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Hong Mei

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Daqiang Sun

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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:

None.

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: Nov. 23th, 2021

Your Name: Dong Wang

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Luming Wang _____

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Qun Wang

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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None.

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Shumin Wang

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

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.

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None.

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Tianhu Wang

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

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.

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Lunxu Liu

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Gaoming Xiao

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Shidong Xu

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Jinliang Yang

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

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.

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Ting Ye

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Guangjian Zhang

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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None.

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: Nov. 23th, 2021

Your Name: Linyou Zhang

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Guofang Zhao

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Jun Zhao

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Wen-Zhao Zhong

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Yuming Zhu

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov.22, 2021

Your Name: Karel W. E. Hulsewé

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov.22, 2021

Your Name: Yvonne L. J. Vissers

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov.22, 2021

Your Name: Erik R. de Loos

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov.22, 2021

Your Name: Jin Yong Jeong

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov.22, 2021

Your Name: Giuseppe Marulli

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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None.

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: Nov.22, 2021

Your Name: Alberto Sandri

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

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.

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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	
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None.

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: Nov.22, 2021

Your Name: Zsolt Sziklavari

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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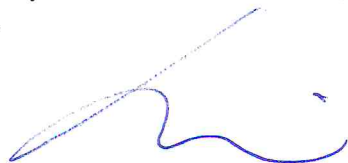
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ICMJE DISCLOSURE FORM

Date: Nov.22, 2021

Your Name: Jacopo Vannucci

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

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.

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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: Nov.22, 2021

Your Name: Luca Ampollini

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov.22, 2021

Your Name: Yuichiro Ueda

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov.22, 2021

Your Name: Chaozong Liu

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov.22, 2021

Your Name: Andrea Bille

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov.22, 2021

Your Name: Masatsugu Hamaji

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov.22, 2021

Your Name: Beatrice Aramini

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov.22, 2021

Your Name: Ilhan Inci

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov.22, 2021

Your Name: Cecilia Pompili

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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:

None.

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: Nov.22, 2021

Your Name: Hans Van Veer

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

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.

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

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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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:

None.

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: Nov.22, 2021

Your Name: Alfonso Fiorelli

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript 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).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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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:

None.

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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: Nov.22, 2021

Your Name: Ricciardi Sara

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

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.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<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:

None.

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: Nov.22, 2021

Your Name: Inderpal S. Sarkaria

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

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.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	Intuitive Surgical, Inc. Cambridge Medical Robotics Auris Medical
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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:

Received grants from On Target Laboratories; Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events form Intuitive Surgical, Inc, Cambridge Medical Robotics and Auris Medical

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: Nov.22, 2021

Your Name: Fabio Davoli

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

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.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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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:

None.

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.

John A. ...

ICMJE DISCLOSURE FORM

Date: Nov.22, 2021

Your Name: Hiroaki Kuroda

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

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.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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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:

None.

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: Nov.22, 2021

Your Name: Servet Bölükbas

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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Time frame: past 36 months			
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4	Consulting fees	<input checked="" type="checkbox"/> None	

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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:

None.

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: Nov. 23th, 2021

Your Name: Xiao-Fei Li

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript 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).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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: Nov. 23th, 2021

Your Name: __ Lijun Huang __

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript number (if known): _____

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3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	

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ICMJE DISCLOSURE FORM

Date: Nov. 23th, 2021

Your Name: Tao Jiang

Manuscript Title: Expert consensus on resection of chest wall tumors and chest wall reconstruction

Manuscript 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).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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