Date:	2021-7-30			
Your Name:	Liang Chen			
Manuscript Title:	Carinal Resection and Reconstruction with Complete Pulmonary Parenchyma			
Preservation: A Single Institution Analysis of 36 Cases				
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 <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.

		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 lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
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	XNone	
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	XNone	
	ase summarize the above co	onflict of interest in the fol	lowing box:

Date:	2021-7-30			
Your Name:	Zhexin Wang			
Manuscript Title:	Carinal Resection and Reconstruction with Complete Pulmonary Parenchyma			
Preservation: A Single Institution Analysis of 36 Cases				
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 <u>current</u> <u>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.

		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,	X None	
	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	30 months
-	any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events	V		
6	Payment for expert	XNone		
	testimony			
-	6	V		
7	Support for attending meetings and/or travel	X None		
	meetings and/or travel			
_				
8	Patents planned, issued or	XNone		
	pending			
_				
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
40	<u> </u>	V		
10	Leadership or fiduciary role	XNone		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X None		
	Stock of Stock options	X_None		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
- .				
Ple	ase summarize the above co	onflict of interest in the following box:		
Γ.				
	None.			

Date:	2021-7-30			
Your Name:	Heng Zhao			
Manuscript Title:	Carinal Resection and Reconstruction with Complete Pulmonary Parenchyma			
Preservation: A Single Institution Analysis of 36 Cases				
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 <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.

		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,	X None	
	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	30 months
-	any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	

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

Date:	2021-7-30			
Your Name:	Giulio Maurizi			
Manuscript Title:	Carinal Resection and Reconstruction with Complete Pulmonary Parenchyma			
Preservation: A Single Institution Analysis of 36 Cases				
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 <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.

		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,	X None	
	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	30 months
-	any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	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	X None	
8	Patents planned, issued or pending	X None	
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	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	XNone	
	ase summarize the above co	onflict of interest in the fol	lowing box:

Date:202	21/11/10
Your Name	:TAKURO MIYAZAKI
Manuscript	t Title: Carinal resection and reconstruction with complete pulmonary parenchyma preservation: A single-institution
analysis of 3	6 cases_
Manuscript	t 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.

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

5	Payment or honoraria for	✓None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
	testimony		
7	Support for attending meetings and/or travel	/ None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	✓ None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	✓None	
	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		
Ple	ease summarize the above co	onflict of interest in the following box:	
	None.		

Date:	16 th Nov., 2021
Your Name:	Ryuichi Waseda
Manuscript Title:	Carinal resection and reconstruction with complete pulmonary parenchyma preservation:
single-institution	analysis of 36 cases
Manuscript num	er (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</u> <u>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.

		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	None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	Nana	
6	Payment for expert testimony	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 role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock Options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	
- :			De Park
Ple	ease summarize the above of	onflict of interest in the fo	llowing box:

1	None.			

Date:	2021-7-30
Your Name:	Feng Yao
Manuscript Title:	Carinal Resection and Reconstruction with Complete Pulmonary Parenchyma
Preservation: A Single In	stitution Analysis of 36 Cases
Manuscript number (if k	nown):

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.

		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	X None			
	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				
8	Patents planned, issued or	X None			
	pending				
0	Participation on a Data	V Name			
9	Participation on a Data Safety Monitoring Board or	X None			
	Advisory Board				
10	Leadership or fiduciary role	X None			
10	in other board, society,	X None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
12	Receipt of equipment,	X None			
	materials, drugs, medical writing, gifts or other				
12	Services Other financial or non	V Name			
13	Other financial or non- financial interests	X None			
Ple	Please summarize the above conflict of interest in the following box:				
	None.				