

ICMJE DISCLOSURE FORM

Date: Dec. 02, 2021

Your Name: Zhihua Zhu

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

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: Dec. 02, 2021

Your Name: Weijian Mei

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

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ICMJE DISCLOSURE FORM

Date: Dec. 02, 2021

Your Name: Zhengbo Song

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

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ICMJE DISCLOSURE FORM

Date: Dec. 02, 2021

Your Name: Wenjie Jiao

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

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ICMJE DISCLOSURE FORM

Date: Dec. 02, 2021

Your Name: Qinghua Huang

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

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Date: Dec. 02, 2021

Your Name: Lianxin Zhu

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

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Date: Dec. 02, 2021

Your Name: Jianguang Shi

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

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Date: Dec. 02, 2021

Your Name: Wenxian Wang

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

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Your Name: Guiping Yu

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Your Name: Pingli Sun

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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: Dec. 02, 2021

Your Name: Yinbing Zhang

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

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.

The author's relationships/activities/interests should be defined broadly. 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.

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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	

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	
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: Dec. 02, 2021

Your Name: Jianfei Shen

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

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	__X__ None	
4	Consulting fees	__X__ 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	
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: Dec. 02, 2021

Your Name: Yong Song

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

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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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: Dec. 02, 2021

Your Name: Sebastien Gilbert

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

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	

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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: 11/29/2021

Your Name: Kurt Ruetzler, MD, PhD, FAHA

Manuscript Title A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

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

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

N/A

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: 11/29/2021

Your Name: Nestor Villamizar

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

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).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	AstraZeneca, PRC Corporation, Medtronic, MJH Life Sciences, Trevena

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 type="checkbox"/> None	Intuitive, Endogastric Solutions, Ethicon
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:

I have received compensation for participation in research studies and advisory meetings from companies listed above and sponsored travel all for educational activities.

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: Dec. 02, 2021

Your Name: Chunwei Xu

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

Manuscript number (if known): _____

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6	Payment for expert testimony	<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: Dec. 02, 2021

Your Name: Jun Qian

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

Manuscript number (if known): _____

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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: Dec. 02, 2021

Your Name: Wang Yao

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

Manuscript number (if known): _____

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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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None.

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ICMJE DISCLOSURE FORM

Date: Dec. 02, 2021

Your Name: Han Yang

Manuscript Title: A standard for hilar and intrapulmonary lymph node dissection and pathological examination in early non-small cell lung cancer

Manuscript number (if known): _____

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