Date:	2022/4/6
Your Name:	Zhiyu Peng
Manuscript Title:	Risk factors and outcomes of bronchopleural fistula after bronchoplasty in patients with non-
small cell lung cance	r
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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		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,	XNone	
	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).		
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

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	<u>x</u> none	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V N	
11	Stock or stock options	X_None	
12	Receipt of equipment,	X None	
	materials, drugs, medical	<u></u>	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.		

Please place an "X" next to the following statement to indicate your agreement:

Date:	2022/4/6
Your Name:	Jiandong Mei
Manuscript Title:	Risk factors and outcomes of bronchopleural fistula after bronchoplasty in patients with non-
small cell lung cance	er
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	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
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,	X None	
12	materials, drugs, medical	<u>X</u> None	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.		

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/4/6
Your Name:	Chengwu Liu
Manuscript Title:	Risk factors and outcomes of bronchopleural fistula after bronchoplasty in patients with 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.	XNone	
		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	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	<u>x</u> none	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V N	
11	Stock or stock options	X_None	
12	Receipt of equipment,	X None	
	materials, drugs, medical	<u></u>	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.		

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/4/6
Your Name:	Chenglin Guo
Manuscript Title:	Risk factors and outcomes of bronchopleural fistula after bronchoplasty in patients with 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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1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
	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).		
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

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	<u>x</u> none	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V N	
11	Stock or stock options	X_None	
12	Receipt of equipment,	X None	
	materials, drugs, medical	<u></u>	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.		

Please place an "X" next to the following statement to indicate your agreement:

Date: Mar.1 <sup>st</sup> 2022
Your Name: Michel Gonzalez
Manuscript Title:_Risk factors and outcomes of bronchopleural fistula after bronchoplasty in patients with non-sma
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 <u>current</u> <u>manuscript only</u>.

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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	_XNone	
4	Consulting fees	_X_None	

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	_XNone			
	meetings and/or travel				
8	Datants planned issued or	V None			
٥	Patents planned, issued or pending	_XNone			
	pending				
0	Double and a Doba	V Nana			
9	Participation on a Data	X_None			
	Safety Monitoring Board or Advisory Board				
10	•	V Name			
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			
11	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-	_XNone			
	financial interests				
Ple	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:

Date: Mar. 1 <sup>st</sup> , 2022
Your Name: Professor Dr. Servet Bölükbas
Manuscript Title: Risk factors and outcomes of bronchopleural fistula after bronchoplasty in patients with
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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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
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 meetings and/or travel	XNone				
	-					
8	Patents planned, issued or	XNone				
	pending					
9	Participation on a Data	XNone				
	Safety Monitoring Board or					
10	Advisory Board	V N				
10	Leadership or fiduciary role in other board, society,	XNone				
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	XNone				
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	XNone				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					

No conflicts of interests.		

Please place an "X" next to the following statement to indicate your agreement:

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

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

	ayment or honoraria for	None	
S	ectures, presentations, peakers bureaus, nanuscript writing or educational events		
	Payment for expert testimony	None	
	Support for attending meetings and/or travel	None	
3	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	

NONE		28 940		
	*			
17		ž.		

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/4/6
Your Name:	Qiang Pu
Manuscript Title:	Risk factors and outcomes of bronchopleural fistula after bronchoplasty in patients with non-
small cell lung cancer	
Manuscript number (i	f 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	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	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	<u>x</u>	
	, , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	<u>X</u> _None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	X_None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u>X</u> None	
	financial interests		

None.		

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/4/6
Your Name:	Lunxu Liu
Manuscript Title:	Risk factors and outcomes of bronchopleural fistula after bronchoplasty in patients with non-
small cell lung cancer	
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).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

None.		

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