

ICMJE DISCLOSURE FORM

Date: 2022/5/22
 Your Name: Jiayi He
 Manuscript Title: Release maneuvers in tracheobronchial resection and 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.

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.

		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)
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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.	<input checked="" type="checkbox"/> None	
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	
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: 2022/5/22
 Your Name: Yunpeng Zhong
 Manuscript Title: Release maneuvers in tracheobronchial resection and reconstruction
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/22
 Your Name: Hon-Chi Suen
 Manuscript Title: Release maneuvers in tracheobronchial resection and reconstruction
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 04/21/2022

Your Name: Aditya Sengupta, MD

Manuscript Title: Release Maneuvers in Tracheal Resection and Reconstruction

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 04/21/2022

Your Name: Raghav Murthy

Manuscript Title: Release maneuvers in tracheobronchial resection and reconstruction

Manuscript number (if known): _____

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None

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 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: 27.04.2022

Your Name: Erich Stoelben

Manuscript Title: Release maneuvers in tracheobronchial resection and reconstruction

Manuscript number (if known): _____

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5	Payment or honoraria for lectures, presentations,	<input checked="" type="checkbox"/> None	

	speakers bureaus, manuscript writing or educational events		
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Please summarize the above conflict of interest in the following box:

No conflict of interest

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: APRIL 21ST 2022

Your Name: ANGELO CARRETTA

Manuscript Title: RELEASE MANEUVERS IN TRACHEOBRONCHIAL RESECTION AND 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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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:

NONE

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: _____ 26th April, 2022

Your Name: Alper Toker

Manuscript Title: Release maneuvers in tracheobronchial resection and reconstruction

Manuscript number (if known): _____

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13	Other financial or non-financial interests	___ None	

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

I do not have any conflict of interest related to this presentation.
 Alper Toker, MD

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: 2022/5/22
 Your Name: Chudong Wang
 Manuscript Title: Release maneuvers in tracheobronchial resection and reconstruction
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/22
 Your Name: Jianxing He
 Manuscript Title: Release maneuvers in tracheobronchial resection and reconstruction
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/22
 Your Name: Shuben Li
 Manuscript Title: Release maneuvers in tracheobronchial resection and reconstruction
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