

## ICMJE DISCLOSURE FORM

Date: 2022/8/31

Your Name: Yudong Tang

Manuscript Title: Uniportal video-assisted thoracic surgery basal segmentectomy: a single-center retrospective cohort study

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>__X__</u> None	
<b>Time frame: past 36 months</b>			
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	
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: 2022/8/31

Your Name: Chengwu Liu

Manuscript Title: Uniportal video-assisted thoracic surgery basal segmentectomy: a single-center retrospective cohort study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/8/31

Your Name: Chenglin Guo

Manuscript Title: Uniportal video-assisted thoracic surgery basal segmentectomy: a single-center retrospective cohort study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/8/31

Your Name: Qiang Pu

Manuscript Title: Uniportal video-assisted thoracic surgery basal segmentectomy: a single-center retrospective cohort study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/8/31

Your Name: Jiandong Mei

Manuscript Title: Uniportal video-assisted thoracic surgery basal segmentectomy: a single-center retrospective cohort study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/8/31

Your Name: Yunke Zhu

Manuscript Title: Uniportal video-assisted thoracic surgery basal segmentectomy: a single-center retrospective cohort study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/8/31

Your Name: Lin Ma

Manuscript Title: Uniportal video-assisted thoracic surgery basal segmentectomy: a single-center retrospective cohort study

Manuscript number (if known): \_\_\_\_\_

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None

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## ICMJE DISCLOSURE FORM

Date: 29.08.2022 \_\_\_\_\_

Your Name: Patrick Zardo \_\_\_\_\_

Manuscript Title: \_\_\_ Uniportal video-assisted thoracic surgery basal segmentectomy: a single-center retrospective cohort study

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: 26/08/2022  
 Your Name: Paolo Albino Ferrari  
 Manuscript Title: Uniportal video-assisted thoracic surgery basal segmentectomy  
 Manuscript number (if known): \_\_\_\_\_

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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: 2022 Aug 31<sup>th</sup>  
 Your Name: Kyoji Hirai  
 Manuscript Title: Uniportal video-assisted thoracic surgery basal segmentectomy: a single-center retrospective cohort study  
 Manuscript number (if known): \_\_\_\_\_

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I have no COI.

**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: Aug 31, 2022

Your Name: Hitoshi Igai

Manuscript Title: Uniportal video-assisted thoracic surgery basal segmentectomy: a single-center retrospective cohort study

Manuscript number (if known): \_\_\_\_\_

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

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

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

I have 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: 28 August 2022

Your Name: Zeead M. AlGhamdi

Manuscript Title: Uniportal video-assisted thoracic surgery basal segmentectomy: a single-center retrospective cohort study

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
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	
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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:**

None
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**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: 2022/8/31

Your Name: Lunxu Liu

Manuscript Title: **Uniportal video-assisted thoracic surgery basal segmentectomy: a single-center retrospective cohort study**

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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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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	
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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.