Date: 17.10.2022 Your Name: Marcin Zbytniewski Manuscript Title: The effectiveness of surgical treatment of lung cancer in polish academic and nonacademic centers

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. | | |
| | No time mint 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 | xNone | |
| | | | |
| | | | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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 | x_None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | xNone |
| 11 | Stock or stock options | xNone |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | xNone |
| 13 | Other financial or non- financial interests | x_None |

Dr. Zbytniewski has nothing to disclose.

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

Date: 17.10.2022 Your Name: Grzegorz M. Gryszko Manuscript Title: The effectiveness of surgical treatment of lung cancer in polish academic and nonacademic centers

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, provision of study materials, medical writing, article processing charges, etc.) | xNone | |
| | No time limit for this item. | | |
| | | | |
| | | 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, | x_None | |

| | speakers bureaus, | | |
|------|------------------------------|--------|--|
| | manuscript writing or | | |
| | educational events | | |
| - | | | |
| 6 | Payment for expert | x_None | |
| | testimony | | |
| | | | |
| 7 | Support for attending | _xNone | |
| | meetings and/or travel | | |
| | 0, | | |
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| | | | |
| 8 | Patents planned, issued or | xNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | x None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| - 10 | | | |
| 10 | Leadership or fiduciary role | x_None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | xNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | x None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | y Nono | |
| 13 | | _xNone | |
| | financial interests | | |
| | | | |

Dr Gryszko has nothing to disclose.

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: 17.10.2022 Your Name: Marcin Cackowski Manuscript Title: The effectiveness of surgical treatment of lung cancer in polish academic and nonacademic centers

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, provision of study materials, medical writing, article | _xNone | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | 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 | x_None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | x_None | |
| | manuscript writing or educational events | | |

| 6 | Payment for expert testimony | xNone |
|----|--|--------|
| 7 | Support for attending meetings and/or travel | x_None |
| 8 | Patents planned, issued or pending | xNone |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | x_None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | xNone |
| 11 | Stock or stock options | xNone |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | xNone |
| 13 | Other financial or non- financial interests | x_None |

Dr. Cackowski has nothing to disclose.

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

Date: 17.10.2022 Your Name: Anna W. Sienkiewicz-Ulita Manuscript Title: The effectiveness of surgical treatment of lung cancer in polish academic and nonacademic centers

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, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | x_None | |
| | | | |
| | | 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 | xNone | |
| | lectures, presentations, | | |

| | speakers bureaus, manuscript writing or educational events | | |
|----|--|--------|--|
| 6 | Payment for expert | _xNone | |
| | 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 | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | _xNone | |
| | in other board, society, | | |
| | 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 | | |
| | | | |

Dr. Sienkiewicz-Ulita has nothing to disclose.

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

Date: 17.10.2022 Your Name: Katarzyna Woźnica

Manuscript Title: The effectiveness of surgical treatment of lung cancer in polish academic and nonacademic centers

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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 1 | All average at fair the process | | |
| 1 | All support for the present manuscript (e.g., funding, | xNone | |
| | 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 | xNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | xNone | |
| | | | |
| | | | |
| 4 | Consulting fees | xNone | |
| | | | |
| | | | |
| 5 | Payment or honoraria for | xNone | |
| | lectures, presentations, | | |

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|----|--|--------|--|
| | 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 | x_None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | _xNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | xNone | |
| | in other board, society, | | |
| | 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- | x_None | |
| | financial interests | | |
| | | | |

Dr. Woźnica has nothing to disclose.

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

Date: 17.10.2022 Your Name: Michał Dziedzic

Manuscript Title: The effectiveness of surgical treatment of lung cancer in polish academic and nonacademic centers

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, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | x_None | |
| | | | |
| | | 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 lectures, presentations, | xNone | |

| 6 | speakers bureaus, manuscript writing or educational events Payment for expert testimony | xNone | |
|----|--|--------|--|
| 7 | Support for attending meetings and/or travel | xNone | |
| 8 | Patents planned, issued or pending | xNone | |
| 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 | xNone | |
| 11 | Stock or stock options | xNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | xNone | |
| 13 | Other financial or non- financial interests | _xNone | |

Dr. Dziedzic has nothing to disclose.

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

Date: 17.10.2022 Your Name: Tadeusz M. Orłowski Manuscript Title: The effectiveness of surgical treatment of lung cancer in polish academic and nonacademic centers

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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| | | 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 | _xNone | | | |
| | processing charges, etc.) | | | | |
| | No time limit for this item. | | | | |
| | | | | | |
| | | | | | |
| | | Time frame: past | 36 months | | |
| 2 | Grants or contracts from | xNone | | | |
| | any entity (if not indicated | | | | |
| | in item #1 above). | | | | |
| 3 | Royalties or licenses | _xNone | | | |
| | | | | | |
| | | | | | |
| 4 | Consulting fees | _xNone | | | |
| | | | | | |
| | | | | | |
| 5 | Payment or honoraria for | xNone | | | |
| | lectures, presentations, | | | | |

| 6 | speakers bureaus, manuscript writing or educational events Payment for expert testimony | xNone | |
|----|--|--------|--|
| 7 | Support for attending meetings and/or travel | xNone | |
| 8 | Patents planned, issued or pending | _xNone | |
| 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 | xNone | |
| 11 | Stock or stock options | xNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | xNone | |
| 13 | Other financial or non- financial interests | xNone | |

Prof. Orłowski has nothing to disclose.

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

Date: 17.10.2022 Your Name: Dariusz A. Dziedzic Manuscript Title: The effectiveness of surgical treatment of lung cancer in polish academic and nonacademic centers

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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| | | 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 | | | |
| | No time limit for this item. | | | | |
| | | | | | |
| | | | | | |
| | | Time frame: past | 36 months | | |
| 2 | Grants or contracts from | _xNone | | | |
| | any entity (if not indicated | | | | |
| | in item #1 above). | | | | |
| 3 | Royalties or licenses | xNone | | | |
| | | | | | |
| | | | | | |
| 4 | Consulting fees | _xNone | | | |
| | | | | | |
| | | | | | |
| 5 | Payment or honoraria for | _xNone | | | |
| | lectures, presentations, | | | | |

| 6 | speakers bureaus, manuscript writing or educational events Payment for expert | _xNone | |
|----|--|--------|--|
| | testimony | | |
| 7 | Support for attending meetings and/or travel | xNone | |
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| | | | |
| 8 | Patents planned, issued or pending | _xNone | |
| | penang | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | xNone | |
| | | | |
| 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 | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | xNone | |
| | | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- financial interests | _xNone | |
| | | | |
| | | | |

Prof. Dziedzic has nothing to disclose.

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