

## ICMJE DISCLOSURE FORM

Date: 2024/3/5

Your Name: TAO GE

Manuscript Title: Identifying optimal surgical approach among T1N2–3M0 non-small cell lung cancer patients: a population-based analysis

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>	<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"/> X <input type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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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:

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: 2024/3/5

Your Name: Shi-Qi Hu

Manuscript Title: Identifying optimal surgical approach among T1N2–3M0 non-small cell lung cancer patients: a population-based analysis

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

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## ICMJE DISCLOSURE FORM

Date: 2024/3/5

Your Name: Jing Ning

Manuscript Title: Identifying optimal surgical approach among T1N2–3M0 non-small cell lung cancer patients: a population-based analysis

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

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## ICMJE DISCLOSURE FORM

Date: 2024/3/5

Your Name: Yi-Fei Zhou

Manuscript Title: Identifying optimal surgical approach among T1N2–3M0 non-small cell lung cancer patients: a population-based analysis

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

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## ICMJE DISCLOSURE FORM

Date: 2024/3/5

Your Name: Dong-Liang Bian

Manuscript Title: Identifying optimal surgical approach among T1N2–3M0 non-small cell lung cancer patients: a population-based analysis

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

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## ICMJE DISCLOSURE FORM

Date: 2024/3/5

Your Name: Mei-Xin Teng

Manuscript Title: Identifying optimal surgical approach among T1N2–3M0 non-small cell lung cancer patients: a population-based analysis

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

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## ICMJE DISCLOSURE FORM

Date: 2024/3/5

Your Name: Lin-Song Chen

Manuscript Title: Identifying optimal surgical approach among T1N2–3M0 non-small cell lung cancer patients: a population-based analysis

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

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Date: 2024/3/5

Your Name: Jie Yang

Manuscript Title: Identifying optimal surgical approach among T1N2–3M0 non-small cell lung cancer patients: a population-based analysis

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

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