

## ICMJE DISCLOSURE FORM

**Date:** 2/22/2023

**Your Name:** Daniel Jones

**Manuscript Title:** Patient Perspectives on Open vs Minimally Invasive Thoracic Surgery (PPOMITS): Survey and Experience from a Single Academic Institution

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 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.

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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:** 2/22/2023

**Your Name:** Urmila Bhattacharyya

**Manuscript Title:** Patient Perspectives on Open vs Minimally Invasive Thoracic Surgery (PPOMITS): Survey and Experience from a Single Academic Institution

**Manuscript Number (if known):** Click or tap here to enter text.

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

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## ICMJE DISCLOSURE FORM

**Date:** 2/22/2023

**Your Name:** Ching Yeung

**Manuscript Title:** Patient Perspectives on Open vs Minimally Invasive Thoracic Surgery (PPOMITS): Survey and Experience from a Single Academic Institution

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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**Date:** 2/23/2023

**Your Name:** Andre Martel

**Manuscript Title:** Patient Perspectives on Open vs Minimally Invasive Thoracic Surgery (PPOMITS): Survey and Experience from a Single Academic Institution

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## ICMJE DISCLOSURE FORM

**Date:** 2/22/2023

**Your Name:** Mary Hanna

**Manuscript Title:** Patient Perspectives on Open vs Minimally Invasive Thoracic Surgery (PPOMITS): Survey and Experience from a Single Academic Institution

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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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:** 2/22/2023

**Your Name:** Ameera Moledina

**Manuscript Title:** Patient Perspectives on Open vs Minimally Invasive Thoracic Surgery (PPOMITS): Survey and Experience from a Single Academic Institution

**Manuscript Number (if known):** Click or tap here to enter text.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> 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:** 2/22/2023

**Your Name:** Andrew Seely

**Manuscript Title:** Patient Perspectives on Open vs Minimally Invasive Thoracic Surgery (PPOMITS): Survey and Experience from a Single Academic Institution

**Manuscript Number (if known):** Click or tap here to enter text.

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## ICMJE DISCLOSURE FORM

**Date:** 2/22/2023

**Your Name:** Donna Maziak

**Manuscript Title:** Patient Perspectives on Open vs Minimally Invasive Thoracic Surgery (PPOMITS): Survey and Experience from a Single Academic Institution

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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:** 2/22/2023

**Your Name:** Sudhir Sundaresan

**Manuscript Title:** Patient Perspectives on Open vs Minimally Invasive Thoracic Surgery (PPOMITS): Survey and Experience from a Single Academic Institution

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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:** 2/22/2023

**Your Name:** Patrick James Villeneuve

**Manuscript Title:** Patient Perspectives on Open vs Minimally Invasive Thoracic Surgery (PPOMITS): Survey and Experience from a Single Academic Institution

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 2/22/2023

**Your Name:** Sebastien Gilbert

**Manuscript Title:** Patient Perspectives on Open vs Minimally Invasive Thoracic Surgery (PPOMITS): Survey and Experience from a Single Academic Institution

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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