Date: August 31, 2023	
Your Name: Hirovuki Olzumi	_
Manuscript Title: Vein first strategy for VATS lung segmentectomy under use of Three-Dimensional Computed tomography	_
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	

In the interest of transparency, we ask you to disclose all relationships activities interests instead 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.

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)
		Time frame: Since the initi	al 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.	None	
		Time frame: pa	ct 36 months
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	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	

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:

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest to declare.	
oo, moto C. marana	

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.

Date: <u>August 31, 2023</u> Your Name: Takayuki Sasage Manuscript Title: <u>Vein first strategy for VATS lung segmentectomy under use of Three-Dimensional Computed tomography</u> 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 <u>current</u> manuscript only.

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.

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)
		Time frame: Since the initi	al 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.	None	
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	_✓ None	
4	Consulting fees	V_None	
0.270.6.874		V None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u>V_None</u>	
7	Support for attending meetings and/or travel	<u>V</u> None	
	Ŭ.		

8	Patents planned, issued or pending	<u>\</u> _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	_V_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:

Conflicts of Interest: I have completed the ICMJE uniform disclosure form. I have no conflicts of interest to declare.

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.

Date	e: August 31, 2023		
You	r Name:Satoshi Takamor		
Mai Mai	nuscript Title: <u>Vein first str</u> nuscript number (if known)	ategy for VATS lung segme :	entectomy under use of Three-Dimensional Computed tomography
	•		
rela par to t	ted to the content of your I	manuscript. "Related" mea affected by the content o	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a relationship/activity/interest,
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u> -
to t eve	the epidemiology of hypertons if that medication is not i	ension, you should declare mentioned in the manuscri oport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive medication, pt. d in this manuscript without time limit. For all other items,
		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 initia	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.	None	
		Time frame: past	t 36 months
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	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	

8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>L</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	1
11	Stock or stock options	<u>V</u> 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:

Conflicts of Interest: I have completed the ICMJE uniform disclosure form. I have no conflicts of interest to
declare.

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.

Da	te: 2023/		
Yo	ur Name: Ju	in Suzuki	`
M			ing segmentectomy under use of three-dimensional
re	construction of computed to	omography; surgical techn	iique.
M	anuscript number (if known):	
rei pa to rei	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment i. If you are in doubt about whether to list a to so.
<u>ma</u>	nuscript only.		
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	al planning of the work
Ļ	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	i_None	
	any entity (if not indicated		
	in item #1 above).	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
5	Royalties or licenses	None	
1	Consulting fees	// None	
5	Payment or honoraria for	V_None	
	lectures, presentations,		

speakers bureaus, manuscript writing or

	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending	None			
	meetings and/or travel		Andrew Control of the		
8	Patents planned, issued or	None			
	pending				
		2	:		
9	Participation on a Data	(/ None			
	Safety Monitoring Board or				
	Advisory Board		*		
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
4.0					
12	Receipt of equipment,	None			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	√ None			
	financial interests				
		<u> </u>			
Ple	ease summarize the above o	conflict of interest in the fo	ollowing box:		
	1.				
	I have no conflict of interest to declare.				
ļ					
Ple	ase place an "X" next to the	e following statement to in	ndicate vour agreement:		

🔀 I certify that I have answered every question and have not altered the wording of any of the questions on this

Date: December 99th, 2023					
Your Name: Hitary Watahaba					
Manuscript Title: Vein-first strategy for thoracoscopic lung segmentectomy under use of three-dimensional					
re	reconstruction of computed tomography; surgical technique.				
M	anuscript number (if known):			
rei pa to rei	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.		
	nuscript only.		po, activities,		
to me	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. 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)		
		Time frame: Since the initia	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.	None			
Time frame: past 36 months			36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	None			
4	Consulting fees	None			
		1	1		

Payment or honoraria for

lectures, presentations, speakers bureaus, manuscript writing or ✓ None

	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending	None			
	meetings and/or travel		Andrew Control of the		
8	Patents planned, issued or	None			
	pending				
		2			
9	Participation on a Data	(/ None			
	Safety Monitoring Board or				
	Advisory Board		*		
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
4.0					
12	Receipt of equipment,	None			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	√ None			
	financial interests				
		<u> </u>			
Ple	ease summarize the above o	conflict of interest in the fo	ollowing box:		
	1.				
	I have no conflict of interest to declare.				
ļ					
Ple	ase place an "X" next to the	e following statement to in	ndicate vour agreement:		

🔀 I certify that I have answered every question and have not altered the wording of any of the questions on this

ICMJE DISCLOSURE FORM				
Date: December 27, 2023.				
	ur Name: Hirohisa dato			
		ategy for thoracoscopic lu	ing segmentectomy under use of three-dimensional	
	construction of computed to			
	nuscript number (if known)			
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a o 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.				
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	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initi	al planning of the work	
1	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			

		whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	institution)
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.	None	planning of the work
		Time frame: past	36 months
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	None	

	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending	None			
	meetings and/or travel		Andrew Control of the		
8	Patents planned, issued or	None			
	pending				
		2	:		
9	Participation on a Data	(/ None			
	Safety Monitoring Board or				
	Advisory Board		*		
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
4.0					
12	Receipt of equipment,	None			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	√ None			
	financial interests				
		<u> </u>			
Ple	ease summarize the above o	conflict of interest in the fo	ollowing box:		
	1.				
	I have no conflict of interest to declare.				
ļ					
Ple	ase place an "X" next to the	e following statement to in	ndicate vour agreement:		

🔀 I certify that I have answered every question and have not altered the wording of any of the questions on this