

ICMJE DISCLOSURE FORM

Date: 8/25/2021

Your Name: Zhuoqi Jia

Manuscript Title: Video-assisted thoracoscopic tracheal tumor resection with acupuncture drug compound non-intubated anesthesia: a case report

Manuscript Number (if known): SHC-21-12-MS-2025

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: 11/18/2021

Your Name: Weiru Zhou

Manuscript Title: Video-assisted thoracoscopic tracheal tumor resection with acupuncture drug compound non-intubated anesthesia: a case report

Manuscript Number (if known): SHC-21-12-MS-2025

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Date: 11/18/2021

Your Name: Bingyu Liu

Manuscript Title: Video-assisted thoracoscopic tracheal tumor resection with acupuncture drug compound non-intubated anesthesia: a case report

Manuscript Number (if known): SHC-21-12-MS-2025

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Your Name: Jian Wen

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Your Name: Qiang Wang

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Your Name: Guangjian Zhang

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 478 1516 579"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 693 1516 793"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

ICMJE DISCLOSURE FORM

Date: 11/18/2021

Your Name: Junke Fu

Manuscript Title: Video-assisted thoracoscopic tracheal tumor resection with acupuncture drug compound non-intubated anesthesia: a case report

Manuscript Number (if known): SHC-21-12-MS-2025

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.

	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.	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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