

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Souichiro

2. Surname (Last Name)  
Suzuki

3. Date  
22-June-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

Long-term outcomes of 3-port VATS lobectomy with selective mediastinal lymphadenectomy for clinical stage I non-small cell lung cancer

6. Manuscript Identifying Number (if you know it)

VATS-2019-OC-01

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Dr. Suzuki has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
Sakashi

2. Surname (Last Name)  
Fujimori

3. Date  
22-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Dr.Souichiro Suzuki

5. Manuscript Title

Long-term outcomes of 3-port VATS lobectomy with selective mediastinal lymphadenectomy for clinical stage I non-small cell lung cancer

6. Manuscript Identifying Number (if you know it)

VATS-2019-OC-01

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Dr. Fujimori has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Tadasu

2. Surname (Last Name)  
Kohno

3. Date  
22-June-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Souichiro Suzuki

5. Manuscript Title  
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Dr. Kohno has nothing to disclose.

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1. Given Name (First Name)  
Masaaki

2. Surname (Last Name)  
Nagano

3. Date  
22-June-2020

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Yes  No

Corresponding Author's Name  
Souichiro Suzuki

5. Manuscript Title

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Shinichiro

2. Surname (Last Name)  
Kikunaga

3. Date  
22-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Souichiro Suzuki

5. Manuscript Title

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Dr. Kikunaga has nothing to disclose.

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