ICMJE DISCLOSURE FORM

Da	te: <u>Mar</u> <u>10,</u> <u>2021</u>					
Yo	Your Name:Jen-Hao Chuang					
Ma	Manuscript Title: Non-intubated Video-assisted Thoracic Surgery (Ni-VATS) for Lung Cancer: A Focus on Lobectomy					
	anuscript number (if known):		g / (g			
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rel pa to	ated to the content of your i	manuscript. "Related" mea affected by the content of necessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.			
	e following questions apply t nuscript only.	to the author's relationship	s/activities/interests as they relate to the current			
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		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 initia	I 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.)					
	No time limit for this item.					

Time frame: past 36 months

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

4

5

any entity (if not indicated

Payment or honoraria for

None

None

None

None

	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	None
	testimony	
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or	None
	pending	
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
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
13	financial interests	NOTIC
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Please summarize the above conflict of interest in the following box:

The author received no financial support for the research, authorship, and/or publication of this article.			

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

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	Mar 10, 2021
Your Na	ame: Wan-Ting Hung
Manus	cript Title: Non-intubated Video-assisted Thoracic Surgery (Ni-VATS) for Lung Cancer: A Focus on Lobectomy
Manus	cript number (if known):

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The author's relationships/activities/interests should be <u>defined</u> <u>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.

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		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,	None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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ICIVISE DISCLOSURE FORIVI				
Date: Mar 10, 2021				
Your Name: Jing-Shing Chen				
Manuscript Title: Non-intubated Video-assisted Thoracic Surgery (Ni-VATS) for Lung Cancer: A Focus on Lobectomy Manuscript number (if known):				
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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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 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.	None			
		Time frame, nest	26 months		
		Time frame: past	36 MONUNS		
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	None			

lectures, presentations, speakers bureaus, manuscript writing or educational events None				
testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options None None None Receipt of equipment, materials, drugs, medical writing, gifts or other None		speakers bureaus, manuscript writing or		
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Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options None None Receipt of equipment, materials, drugs, medical writing, gifts or other	9		None	
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options None None Receipt of equipment, materials, drugs, medical writing, gifts or other				
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writing, gifts or other	12		None	
		writing, gifts or other		
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13 Other financial or non- None	13		None	
financial interests		financial interests		

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