

ICMJE DISCLOSURE FORM

Date: _____ January 2, 2023 _____

Your Name: _____ Lukas H. Matern, M.D. _____

Manuscript Title: A narrative review of video-assisted thoracic surgery for geriatric patients: optimizing organ function and perioperative recovery

Manuscript number (if known): _____ VATS-22-47 (VATS-2022-OA-06) _____

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 current manuscript only.

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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)
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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.	__X__ None	
Time frame: past 36 months			
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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	
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Please summarize the above conflict of interest in the following box:

I have no conflicts of interest, whether financial or non-financial, to disclose with relevance or in relation to the present manuscript.

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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.

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Date: 1/4/2023
 Your Name: Xiaodong Bao
 Manuscript Title: Video-assisted thoracic surgery for geriatric patients: optimizing organ function and perioperative recovery
 Manuscript number (if known): VATS-22-47 (VATS-2022-OA-06)

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
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