| Date:2023/06/10   |
|---|
| Your Name: Takashi Suda MD  |
| Manuscript Title:_ Uniportal, Robot-Assisted and Uniportal Robot-Assisted Subxiphoid Thymectomy with CO <sub>2</sub> Insufflation |
| Manuscript number (if known): VATS-22-55(VATS-2022-AUV-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.

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|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your 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. | _x_None   |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | Time frame: pastx_None  | 36 months   |
| 3 | Royalties or licenses   | _xNone  |   |
| 4 | Consulting fees   | x_None  |   |

| 5  | lectures, presentations,   | _xNone                       |              |
|----|--|------------------------------|--------------|
|    | speakers bureaus,<br>manuscript writing or<br>educational events |                              |              |
| 6  | Payment for expert   | x_None                       |              |
|    | testimony  |                              |              |
| 7  | Support for attending meetings and/or travel                     | xNone                        |              |
|    |  |                              |              |
|    |  |                              |              |
| 8  | Patents planned, issued or                                       | _xNone                       |              |
|    | pending  |                              |              |
| 9  | Participation on a Data  | x None                       |              |
|    | Safety Monitoring Board or                                       |                              |              |
| 40 | Advisory Board   |                              |              |
| 10 | Leadership or fiduciary role in other board, society,            | xNone                        |              |
|    | committee or advocacy<br>group, paid or unpaid                   |                              |              |
| 11 | Stock or stock options   | _xNone                       |              |
|    |  |                              |              |
| 12 | Receipt of equipment,  | x None                       |              |
|    | materials, drugs, medical  |                              |              |
|    | writing, gifts or other services                                 |                              |              |
| 13 | Other financial or non-  | _xNone                       |              |
|    | financial interests  |                              |              |
|    | ose summarize the above co                                       | nflict of interest in the fo | llowing box: |
|    |  |                              |              |

| Date:2023/06/10   |
|---|
| Your Name: Hiromitsu Nagano, MD   |
| Manuscript Title:_ Uniportal, Robot-Assisted and Uniportal Robot-Assisted Subxiphoid Thymectomy with CO <sub>2</sub> Insufflation |
| Manuscript number (if known): VATS-22-55(VATS-2022-AUV-06)  |

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses   | Time frame: pastxNonexNone   | 36 months   |
| 4 | Consulting fees   | xNone  |   |

| 5  | lectures, presentations,   | _xNone                       |              |
|----|--|------------------------------|--------------|
|    | speakers bureaus,<br>manuscript writing or<br>educational events |                              |              |
| 6  | Payment for expert   | x_None                       |              |
|    | testimony  |                              |              |
| 7  | Support for attending meetings and/or travel                     | xNone                        |              |
|    |  |                              |              |
|    |  |                              |              |
| 8  | Patents planned, issued or                                       | _xNone                       |              |
|    | pending  |                              |              |
| 9  | Participation on a Data  | x None                       |              |
|    | Safety Monitoring Board or                                       |                              |              |
| 40 | Advisory Board   |                              |              |
| 10 | Leadership or fiduciary role in other board, society,            | xNone                        |              |
|    | committee or advocacy<br>group, paid or unpaid                   |                              |              |
| 11 | Stock or stock options   | _xNone                       |              |
|    |  |                              |              |
| 12 | Receipt of equipment,  | x None                       |              |
|    | materials, drugs, medical  |                              |              |
|    | writing, gifts or other services                                 |                              |              |
| 13 | Other financial or non-  | _xNone                       |              |
|    | financial interests  |                              |              |
|    | ose summarize the above co                                       | nflict of interest in the fo | llowing box: |
|    |  |                              |              |

| Date:2023/06/10   |
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| Your Name: Takahiro Negi, MD  |
| Manuscript Title:_ Uniportal, Robot-Assisted and Uniportal Robot-Assisted Subxiphoid Thymectomy with CO₂ Insufflation |
| Manuscript number (if known): VATS-22-55(VATS-2022-AUV-06)  |

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| 7  | Support for attending meetings and/or travel                     | xNone                        |              |
|    |  |                              |              |
|    |  |                              |              |
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|    | pending  |                              |              |
| 9  | Participation on a Data  | x None                       |              |
|    | Safety Monitoring Board or                                       |                              |              |
| 40 | Advisory Board   |                              |              |
| 10 | Leadership or fiduciary role in other board, society,            | xNone                        |              |
|    | committee or advocacy<br>group, paid or unpaid                   |                              |              |
| 11 | Stock or stock options   | _xNone                       |              |
|    |  |                              |              |
| 12 | Receipt of equipment,  | x None                       |              |
|    | materials, drugs, medical  |                              |              |
|    | writing, gifts or other services                                 |                              |              |
| 13 | Other financial or non-  | _xNone                       |              |
|    | financial interests  |                              |              |
|    | ose summarize the above co                                       | nflict of interest in the fo | llowing box: |
|    |  |                              |              |

| Date:2023/06/10   |
|---|
| <b>/our Name:</b> Daisuke Tochii, MD  |
| Manuscript Title:_ Uniportal, Robot-Assisted and Uniportal Robot-Assisted Subxiphoid Thymectomy with CO₂ Insufflation |
| Manuscript number (if known): VATS-22-55(VATS-2022-AUV-06)  |

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| 7  | Support for attending meetings and/or travel                     | xNone                        |              |
|    |  |                              |              |
|    |  |                              |              |
| 8  | Patents planned, issued or                                       | _xNone                       |              |
|    | pending  |                              |              |
| 9  | Participation on a Data  | x None                       |              |
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|    | writing, gifts or other services                                 |                              |              |
| 13 | Other financial or non-  | _xNone                       |              |
|    | financial interests  |                              |              |
|    | ose summarize the above co                                       | nflict of interest in the fo | llowing box: |
|    |  |                              |              |

| Date:2023/06/10                      |   |  |  |  |  |
|--------------------------------------|---|--|--|--|--|
| Your Name: Sachiko Tochii, MD _      |   |  |  |  |  |
| Manuscript Title:_ Uniportal, Robot- | Assisted and Uniportal Robot-Assisted Subxiphoid Thymectomy with CO <sub>2</sub> Insufflation |  |  |  |  |
| Manuscript number (if known):        | VATS-22-55(VATS-2022-AUV-06)  |  |  |  |  |

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| 5  | lectures, presentations,   | _xNone |  |  |
|--|--|--------|--|--|
|  | speakers bureaus,<br>manuscript writing or<br>educational events |        |  |  |
| 6  | Payment for expert   | x_None |  |  |
|  | testimony  |        |  |  |
| 7  | Support for attending meetings and/or travel                     | xNone  |  |  |
|  |  |        |  |  |
|  |  |        |  |  |
| 8  | Patents planned, issued or                                       | _xNone |  |  |
|  | pending  |        |  |  |
| 9  | Participation on a Data  | x None |  |  |
|  | Safety Monitoring Board or                                       |        |  |  |
|  | Advisory Board   |        |  |  |
| 10   | Leadership or fiduciary role in other board, society,            | xNone  |  |  |
|  | committee or advocacy<br>group, paid or unpaid                   |        |  |  |
| 11   | Stock or stock options   | _xNone |  |  |
|  |  |        |  |  |
| 12   | Receipt of equipment,  | x None |  |  |
|  | materials, drugs, medical  |        |  |  |
|  | writing, gifts or other services                                 |        |  |  |
| 13   | Other financial or non-<br>financial interests                   | _xNone |  |  |
|  |  |        |  |  |
| Please summarize the above conflict of interest in the following box:  None. |  |        |  |  |
|  |  |        |  |  |