Date	e:26/5/202	23	
You	r Name:Patrick De	eniz Hurley	
Mar	nuscript Title: So	uccessful resection of arter	riovenous malformation from the anterior mediastinum: A
repo	ort of two cases		
Mar	nuscript number (if known):		
rela part to ti rela The	ted to the content of your rices whose interests may be ransparency and does not not interest, in	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. t is preferable that you do	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.  ps/activities/interests as they relate to the current
to tl med In it	ne epidemiology of hyperte lication, even if that medica	nsion, you should declare a ation is not mentioned in the port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  I in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	institution)
		Time frame: Since the initia	I 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.	xxNone	
		Time frame: past	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	x_None	
	pending		
_			
9	Participation on a Data Safety Monitoring Board or	xNone	
	Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	xx None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	xxNone	
	financial interests		
Ple	ase summarize the above co	nflict of interest in the f	ollowing box:
	None		
- 1			

\_x\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date	e: 19/7/2023		
You	r Name: Maria Niza	 ami	riovenous malformation from the anterior mediastinum: A
Mar	nuscript Title: Su	uccessful resection of arter	riovenous malformation from the anterior mediastinum: A
repo	ort of two cases		
Mar	nuscript number (if known):	VATS-23-17-R2	
rela part to to rela The mar The to to med	ted to the content of your name ites whose interests may be cansparency and does not not itemship/activity/interest, it following questions apply the content only.  author's relationships/activity endemiology of hyperterication, even if that medical	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do to the author's relationship rities/interests should be on nsion, you should declare a tion is not mentioned in the port for the work reported	es/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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 initia	I 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.	x_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	x_None	
4	Consulting fees	_xNone	

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

\_x\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	4/7/2023
Your Name: Bille	_Andrea
Manuscript Title: report of two cases	Successful resection of arteriovenous malformation from the anterior mediastinum: A
Manuscript number	(if known): VATS-23-17-R2

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 <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)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)  I 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.	x_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Intuitive Surgical, Inc	Personal contract with Intuitive Surgical. Mentoring surgeons who are new to robotic surgery. Implementing robotic surgery program in departments.

3	Royalties or licenses	_xNone	
4	Consulting for	Nava	
4	Consulting fees	_xNone	
5	Payment or honoraria for	x None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x_None	
	testimony		
	•		
7	Support for attending	x_None	
	meetings and/or travel		
8	Patents planned, issued or	x None	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	x None	
10	in other board, society,		
	committee or advocacy		
	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-	x None	
	financial interests		

# Please summarize the above conflict of interest in the following box:

I have personal contract with Intuitive Surgical, Inc. I am proctoring surgeons in Europe when they start doing robotic surgery and support them

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Dat	e:_ 20/7/2023		
You	r Name:Lawrence		
Mai	າuscript Title: Sເ	accessful resection of arter	iovenous malformation from the anterior mediastinum: A
rep	ort of two cases		
Maı	nuscript number (if known):	VATS-23-17-R2	
rela pari to t rela	ted to the content of your naties whose interests may be ransparency and does not not interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.
	nonowing questions apply the stript only.	o the author's relationship	syactivities/interests as they relate to the <u>current</u>
to t med In it	he epidemiology of hypertendication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  In this manuscript without time limit. For all other items,
		Name all entities with	Supplies tions / Commonts
		whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	motitudion,
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	x None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
2		Time frame: past	36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	x None	
3	Noyalties of licelises	_xNone	
4	Consulting fees	x None	
•	2554.11.15 1223		

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

\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date	e: 8/6/2023		
	r Name:Dr. Daisuke Non		
Mar	nuscript Title: Successful res	ection of arteriovenous ma	alformation from the anterior mediastinum: A report of two
case	es		
Mar	nuscript number (if known):	VATS-23-17-R2	
relate part to to relate The	ted to the content of your n ies whose interests may be ransparency and does not no tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.
to th	•	nsion, you should declare a	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	institution)
		Time frame: Since the initia	l 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.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_x_None	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	xNone
	manuscript writing or educational events	
6	Payment for expert testimony	_xNone
	testimony	
7	Support for attending meetings and/or travel	xNone
8	Patents planned, issued or	xNone
	pending	
_		
9	Participation on a Data Safety Monitoring Board or	xNone
	Advisory Board	
10	Leadership or fiduciary role	xxNone
	in other board, society,	
	committee or advocacy	
11	group, paid or unpaid Stock or stock options	x None
	Stock of Stock options	
12	Receipt of equipment,	xNone
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	x None
	financial interests	
Ple	ase summarize the above co	nflict of interest in the following box:
1	Nothing to declare	

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.