## ICMJE DISCLOSURE FORM

Date: January 22, 2024

Your Name: Seshiru Nakazawa

Manuscript Title: Simulation and Navigation Techniques in VATS and RATS"

Manuscript number (if known): VATS-24-4

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</u> manuscript only.

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 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	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	X None  X None	36 months
4	Consulting fees	X None	

5	Payment or honoraria for	X None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
6	Payment for expert	X None
0	testimony	A NOTE
	testimony	
7	Support for attending meetings and/or travel	X None
8	Patents planned, issued or	X None
	pending	
9	Participation on a Data	X None
	Safety Monitoring Board or	
10	Advisory Board	V. Al
10	Leadership or fiduciary role in other board, society,	X None
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X None
	•	
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:

No conflict of interest to declare.			

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

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

## **ICMJE DISCLOSURE FORM**

Date: January 22, 2024 Your Name: Hitoshi Igai

Manuscript Title: Simulation and Navigation Techniques in VATS and RATS"

Manuscript number (if known): VATS-24-4

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

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	X None			
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		Time frame: past	36 months		
2	Grants or contracts from	X None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	X None			
4	Consulting fees	X None			

5	Payment or honoraria for	X None
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	Safety Monitoring Board or	
10	Advisory Board	V. Al
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	committee or advocacy	
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