

## ICMJE DISCLOSURE FORM

Date: July 6th 2023

Your Name: Dr Micaela Langille Collins

Manuscript Title: The Association Between Robotic Lung Cancer Resection and Esophagectomy Outcomes: A Facility-Level Analysis

Manuscript number (if known): VATS-23-47

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.

The author's relationships/activities/interests should be defined broadly. 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	__X__ None	
<b>Time frame: past 36 months</b>			
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	__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	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.
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**Please place an "X" next to the following statement to indicate your agreement:**

**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: July 6th 2023

Your Name: Gregory Whitehorn

Manuscript Title: The Association Between Robotic Lung Cancer Resection and Esophagectomy Outcomes: A Facility-Level Analysis

Manuscript number (if known): VATS-23-47

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## ICMJE DISCLOSURE FORM

Date: July 6th 2023

Your Name: Shale Mack

Manuscript Title: The Association Between Robotic Lung Cancer Resection and Esophagectomy Outcomes: A Facility-Level Analysis

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## ICMJE DISCLOSURE FORM

Date: July 6th 2023

Your Name: Dr Brian Till

Manuscript Title: The Association Between Robotic Lung Cancer Resection and Esophagectomy Outcomes: A Facility-Level Analysis

Manuscript number (if known): VATS-23-47

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4	Consulting fees	__X__ None	

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## ICMJE DISCLOSURE FORM

Date: July 6th 2023

Your Name: Dr Hamza Rshaidat

Manuscript Title: The Association Between Robotic Lung Cancer Resection and Esophagectomy Outcomes: A Facility-Level Analysis

Manuscript number (if known): VATS-23-47

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4	Consulting fees	__X__ None	

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## ICMJE DISCLOSURE FORM

Date: July 6th 2023

Your Name: Dr Tyler Grenda

Manuscript Title: The Association Between Robotic Lung Cancer Resection and Esophagectomy Outcomes: A Facility-Level Analysis

Manuscript number (if known): VATS-23-47

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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	
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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	
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## ICMJE DISCLOSURE FORM

Date: July 6th 2023

Your Name: Dr Nathaniel Evans

Manuscript Title: The Association Between Robotic Lung Cancer Resection and Esophagectomy Outcomes: A Facility-Level Analysis

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Bristol Myers Squibb Foundation	Payment to institution
3	Royalties or licenses	__X__ None	

4	Consulting fees	<input checked="" type="checkbox"/> X	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Intuitive Surgical Merck Bristol Myers Squibb Astrazeneca	Payment to self Payment to self Payment to self Payment to self
6	Payment for expert testimony	<input checked="" type="checkbox"/> X None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X None	

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

The author discloses that they have received a grant from the Bristol Myers Squibb Foundation, paid to the author's institution. He additionally discloses that he has been a speaker for Intuitive Surgical, Bristol Myers Squibb, Astrazeneca, and Merck, with honoraria paid to the author.

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

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## ICMJE DISCLOSURE FORM

Date: July 6th 2023

Your Name: Dr Karen Chojnacki

Manuscript Title: The Association Between Robotic Lung Cancer Resection and Esophagectomy Outcomes: A Facility-Level Analysis

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Date: July 6th 2023

Your Name: Dr Olugbenga Okusanya

Manuscript Title: The Association Between Robotic Lung Cancer Resection and Esophagectomy Outcomes: A Facility-Level Analysis

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