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Date:03 \	9/2024								
Your Name:	Aitua	Salami							
Manuscript Title:_	Navative	Leview on	Mini morry	Invaent	Melactandry	for	Head	& Nede	Walipiane
Manuscript numb	er (if known):	VATS -2	-3-66-1	CL					

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

Payment or honoraria for	_X_None	
lectures, presentations, speakers bureaus, manuscript writing or educational events		
Payment for expert testimony	_X_None	
Support for attending meetings and/or travel	None	
Patents planned, issued or pending	_X_None	
Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
Stock or stock options	_X_None	
Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
Other financial or non- financial interests	XNone	
ease summarize the above o	onflict of interest in t	ne following box:
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- None

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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.

ICMJE DISCLOSURE FORM

Date: 3/19/24
our Name: Richard Mender
Manuscript Title: Narrative Review on Minimally Invasive Metastatectory for Head and Neck Malie
Manuscript number (if known): VATS - 23-66-CL

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

lectures, presentations,	None
manuscript writing or educational events	
Payment for expert testimony	None
Support for attending meetings and/or travel	None
Patents planned, issued or pending	None
Participation on a Data Safety Monitoring Board or Advisory Board	X_None
Leadership or fiduciary role in other board, society, committee or advocacy	None
Stock or stock options	_\(\sqrt{\sq}}\sqrt{\sq}}}}}}}}\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
Receipt of equipment, materials, drugs, medical writing, gifts or other services	
Other financial or non- financial interests	None / None
ease summarize the above	conflict of interest in the following box:
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ICMJE DISCLOSURE FORM

Date: March 20, 2024	
Your Name: Amit Bhargava	
Manuscript Title:_ Narrative Review on Minimally Invasive N	Metastasectomy for Head and Neck Malignancies
Manuscript number (if known): VATS-23-66	
In the interest of transparency, we ask you to disclose all rel related to the content of your manuscript. "Related" means parties whose interests may be affected by the content of the to transparency and does not necessarily indicate a bias. If y relationship/activity/interest, it is preferable that you do so	any relation with for-profit or not-for-profit third e manuscript. Disclosure represents a commitment you are in doubt about whether to list a

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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	
_		N.	
5		xNone	

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

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