Dα	ite:4/1//22		
Yo	ur Name:Phillip G B	rennan	
M	anuscript Title: Vertical Rectu	s Abdominis Myocutaneous	Free Flap Repair of Post-pneumonectomy Bronchopleural Fistula
Ma	anuscript number (if known	: ACR-22-20-CI	·
rel pa to rel Th ma Th to me	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" mee affected by the content necessarily indicate a bias it is preferable that you do to the author's relationshivities/interests should be ension, you should declaration is not mentioned in pport for the work reported.	nips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
		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)	
		Time frame: Since the initia	al planning of the work
L	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	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
;	Royalties or licenses	XNone	
ļ	Consulting fees	_XNone	

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

Dat	e:6/1/22		
Υοι	ır Name:Diana S Hsı	J	
			ree Flap Repair of Post-pneumonectomy Bronchopleural Fistula
Ma	nuscript number (if known):	ACR-22-20-CL_	
rela par to t	ited to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to t		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is		l in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	,
		needed)	
		Time frame: Since the initia	l 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.		
		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	
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	no, and or notinees		
4	Consulting fees	X None	

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 meetings and/or travel	XNone		
8	Patents planned, issued or	_XNone		
	pending			_
9	Participation on a Data	X None		
	Safety Monitoring Board or	XNone		
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	V N		_
11	Stock or stock options	XNone		
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12	Receipt of equipment,	X None		_
	materials, drugs, medical			_
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
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Plea	ase summarize the above co	nflict of interest in the fo	llowing box:	
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Dat	e:6/1/22		
You	r Name:Kian C Ban	ks	
Ma	nuscript Title: Vertical Rectus	Abdominis Myocutaneous F	ree Flap Repair of Post-pneumonectomy Bronchopleural Fistula
Ma	nuscript number (if known):	ACR-22-20-CL	
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	following questions apply t	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 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	

5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
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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		
	Safety Monitoring Board or	XNone		H
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
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11	Stock or stock options	XNone		
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12	Receipt of equipment,	X None		_
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13	Other financial or non-	XNone		
	financial interests			
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Plea	ase summarize the above co	nflict of interest in the fo	llowing box:	
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υat	e:6/1/22		
You	ır Name:Clara L Ma	kim	
Ma	nuscript Title: Vertical Rectus	Abdominis Myocutaneous F	ree Flap Repair of Post-pneumonectomy Bronchopleural Fistula
Ma	nuscript number (if known):	ACR-22-20-CL	
rela par to t	ited to the content of your r ties whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
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7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	_XNone		
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9	Participation on a Data	X None		
	Safety Monitoring Board or	XNone		H
	Advisory Board			
10	Leadership or fiduciary role	XNone		
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11	Stock or stock options	XNone		
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12	Receipt of equipment,	X None		_
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13	Other financial or non-	XNone		
	financial interests			
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Date	e:6/1/22		
Your	· Name:Benjamin H	lornik	
			ree Flap Repair of Post-pneumonectomy Bronchopleural Fistula
Man	uscript number (if known):	ACR-22-20-CL_	
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	following questions apply t uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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	any entity (if not indicated		
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3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
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7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	_XNone		
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10	Leadership or fiduciary role	XNone		
	in other board, society,			
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12	Receipt of equipment,	X None		_
	materials, drugs, medical			_
	writing, gifts or other			
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	financial interests			
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Dat	te:6/1/22		
Υοι	ır Name:Jeffrey B Ve	elotta	
			ree Flap Repair of Post-pneumonectomy Bronchopleural Fistula
Ma	nuscript number (if known):	ACR-22-20-CL_	
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7	Support for attending meetings and/or travel	XNone		
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11	Stock or stock options	XNone		
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12	Receipt of equipment,	X None		_
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