Date: 11 February 2024

Your Name: Truong Thanh Thiet

Manuscript Title: Long-Term Outcomes of Surgical Reconstruction for Post-Tuberculosis Tracheobronchial Stenosis: A 7-

Year Follow-Up in a Tuberculosis-Endemic Region

Manuscript number (if known):

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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		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)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
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	X None			
Ū	testimony				
	testimony				
7	Command for ottomalina	V None			
7	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued or	X None			
	pending				
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9	Participation on a Data	X None			
,	Safety Monitoring Board or	XNone			
	Advisory Board				
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10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical	XNone			
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
ום	Please summarize the above conflict of interest in the following how				
гк	Please summarize the above conflict of interest in the following box:				
I have no conflict of intercette declare					
	I have no conflict of interest to	deciare.			

Date: 11 February 2024

Your Name: Nguyen Thanh Trung

Manuscript Title: Long-Term Outcomes of Surgical Reconstruction for Post-Tuberculosis Tracheobronchial Stenosis: A 7-

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	any entity (if not indicated		
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
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	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
Ple	Please summarize the above conflict of interest in the following box:				
	I have no conflict of interest to declare.				

**Date:** 11 February 2024 **Your Name:** Khuu Tan Phat

Manuscript Title: Long-Term Outcomes of Surgical Reconstruction for Post-Tuberculosis Tracheobronchial Stenosis: A 7-

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7	Support for attending	XNone			
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	pending				
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9	Participation on a Data	X None			
,	Safety Monitoring Board or	XNONE			
	Advisory Board				
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10	Leadership or fiduciary role	XNone			
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	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical	XNone			
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13	Other financial or non-	X None			
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**Date:** 11 February 2024 **Your Name:** Nguyen Huu Lan

Manuscript Title: Long-Term Outcomes of Surgical Reconstruction for Post-Tuberculosis Tracheobronchial Stenosis: A 7-

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
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	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
Ple	Please summarize the above conflict of interest in the following box:				
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**Date:** 11 February 2024 **Your Name:** Le Tien Dung

Manuscript Title: Long-Term Outcomes of Surgical Reconstruction for Post-Tuberculosis Tracheobronchial Stenosis: A 7-

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13	Other financial or non- financial interests	XNone			
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**Date:** 11 February 2024 **Your Name:** Le Viet Anh

Manuscript Title: Long-Term Outcomes of Surgical Reconstruction for Post-Tuberculosis Tracheobronchial Stenosis: A 7-

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Date: 11 February 2024

Your Name: Nguyen Hoai Nam

Manuscript Title: Long-Term Outcomes of Surgical Reconstruction for Post-Tuberculosis Tracheobronchial Stenosis: A 7-

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13	Other financial or non-	XNone				
	financial interests					
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Date: 11 February 2024

Your Name: Nguyen Lam Vuong

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