

## ICMJE DISCLOSURE FORM

Date: Aug. 19<sup>th</sup>, 2024

Your Name: Jiekun Qian

Manuscript Title: Risk factor analysis and predictive model development for air leakage after thoracoscopic pulmonary wedge resection

Manuscript number (if known): JTD-24-1090

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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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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**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: Aug. 19<sup>th</sup>, 2024

Your Name: Feilong Guo

Manuscript Title: Risk factor analysis and predictive model development for air leakage after thoracoscopic pulmonary wedge resection

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## ICMJE DISCLOSURE FORM

Date: Aug. 19<sup>th</sup>, 2024

Your Name: Maohui Chen

Manuscript Title: Risk factor analysis and predictive model development for air leakage after thoracoscopic pulmonary wedge resection

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Date: Aug. 19<sup>th</sup>, 2024

Your Name: Hongjin Wang

Manuscript Title: Risk factor analysis and predictive model development for air leakage after thoracoscopic pulmonary wedge resection

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## ICMJE DISCLOSURE FORM

Date: Aug. 19<sup>th</sup>, 2024

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Date: Aug. 19<sup>th</sup>, 2024

Your Name: Yongcong Zhang

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Your Name: Shuliang Zhang

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Date: Aug. 19<sup>th</sup>, 2024

Your Name: Taidui Zeng

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Your Name: Guanglei Huang

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Date: Aug. 19<sup>th</sup>, 2024

Your Name: Xu Li

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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.

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<b>Time frame: Since the initial planning of the work</b>			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> 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.

**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: Aug. 19<sup>th</sup>, 2024

Your Name: Bin Zheng

Manuscript Title: Risk factor analysis and predictive model development for air leakage after thoracoscopic pulmonary wedge resection

Manuscript number (if known): JTD-24-1090

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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## ICMJE DISCLOSURE FORM

Date: Aug. 19<sup>th</sup>, 2024

Your Name: Chun Chen

Manuscript Title: Risk factor analysis and predictive model development for air leakage after thoracoscopic pulmonary wedge resection

Manuscript number (if known): JTD-24-1090

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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