Date:5/13/202	4
Your Name:	Steven Tohmasi, MD, MPHS
Manuscript Title:	_ Association Between Patient Medications and Postoperative Outcomes in Early-stage Non-smal
Cell Lung Cancer	
Manuscript number	(if known):N/A

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 <u>current</u> <u>manuscript only</u>.

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.

		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 initial	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	ST was supported in part by the Washington University School of Medicine Surgical Oncology Basic Science and Translational Research Training Program grant T32CA009621, from the National Cancer Institute.
		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	XNone	
	lectures, presentations,	_	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	Commony		
7	Support for attending	X None	
,	meetings and/or travel	^_NOTIE	
	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
	-		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	None	
12	Descipt of any	V None	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
DI -		. (1) ()	en et al. De la companya de la compa

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

ST was supported by the Washington University School of Medicine Surgical Oncology Basic Science and Translational Research Training Program grant T32CA009621, from the National Cancer Institute.

Please place an "X" next to the following statement to indicate your agreement:		
_X I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:5/13/202	234
Your Name:	_ Daniel B. Eaton Jr., MPH
Manuscript Title:	_ Association Between Patient Medications and Postoperative Outcomes in Early-stage Non-smal
Cell Lung Cancer	
Manuscript numbe	r (if known):N/A

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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		Time frame: Since the initial	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	Supported in part by VHA 1I01HX002475-01A2 grant
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
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,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

DBE receives support from VHA 1I01HX002475-01A2 grant.	

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

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

Date:5/13/2024	
Your Name:	Nikki E. Rossetti, MD, MSc
Manuscript Title:	Association Between Patient Medications and Postoperative Outcomes in Early-stage Non-small
Cell Lung Cancer	
Manuscript number	(if known):N/A

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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)
		Time frame: Since the initia	l 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	NER was supported in part by the Washington University School of Medicine StARR Program in Cross-Disciplinary Oncology Clinician-Scientist Training R38 CA 255575.
	_	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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
0	pending	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	NOTIE	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	NOTIE	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
	maricial interests		

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

NER was supported by the Washington University School of Medicine StARR Program in Cross-Disciplinary Oncology Clinician-Scientist Training R38 CA 255575.

Date:5/13/2024	
Your Name:	Carley Pickett, D.O
Manuscript Title:	Association Between Patient Medications and Postoperative Outcomes in Early-stage Non-smal
Cell Lung Cancer	
Manuscript number	(if known):N/A

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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	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X None		
	testimony			
	·			
7	Support for attending	X None		
	meetings and/or travel			
0	Detects planted issued as	V. None		
8	Patents planned, issued or	_XNone		
	pending			
0	Double and a Dobe	V None		
9	Participation on a Data Safety Monitoring Board or	_XNone		
	Advisory Board			
10	Leadership or fiduciary role	V None		
10	in other board, society,	XNone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X None		
11	Stock of Stock options	XNone		
12	Receipt of equipment,	X None		
14	materials, drugs, medical	_ANONE		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following hox:			

lease summarize the above conflict of interest in the following box:

None	

Date:5/13/2024
our Name: Brendan T. Heiden, MD, MPHS
Manuscript Title: Association Between Patient Medications and Postoperative Outcomes in Early-stage Non-small
Cell Lung Cancer
Manuscript number (if known):N/A

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	Funded in part by NIH 5T32HL007776-25 grant
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	Former consultant at Oncocyte Corporation. MBA intern (at Eli Lilly and Company)
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	Commony		
7	Support for attending	X None	
/	Support for attending meetings and/or travel	^_NOTIE	
	meetings and/or traver		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock Options		
12	Receipt of equipment,	X None	
14	materials, drugs, medical	NOTIE	
	writing, gifts or other		
	services		
12	Other financial or non-	V None	
13		XNone	
	financial interests		

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

BTH was funded in part by NIH grant 5T32HL007776-25. BTH is a former consultant at C an MBA intern (at Eli Lilly and Company).	Oncocyte Corporation and is

Please place an "X" next to the following statement to indicate your agreement:		
_X I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:5/13/2024	
Your Name: Yan Yan, MD, PhD	
Manuscript Title: Association Between Patient Medications and Postoperative	ve Outcomes in Early-stage Non-small
Cell Lung Cancer	
Manuscript number (if known):N/A	

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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.	None	Funded in part through a VHA 1I01HX002475-01A2 grant
		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	

		1	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	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	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
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,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the	e following box:

Funded in part through a VHA 1I01HX002475-01A2 grant	

_X I certify that I have answered every question and have not altered the wording of any of the control form.	Juestions on this

Date:8/13/2023	
Your Name: Theodore S. Thom	as, MD, MPHS
Manuscript Title: Association Be	tween Patient Medications and Postoperative Outcomes in Early-stage Non-sma
Cell Lung Cancer	
Manuscript number (if known):	_N/A

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		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
р	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	

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4	Consulting fees	X_	_None	
г	Decimant on bounding for	V	Nana	
5	Payment or honoraria for	X_	_None	
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events		N 1	
6	Payment for expert	_X	_None	
	testimony			
_			•	
7	Support for attending meetings and/or travel	X_	_None	
8	Patents planned, issued or	_X	_None	
	pending			
9	Participation on a Data	_X	_None	
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	X_	_None	
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_X	_None	
12	Receipt of equipment,	_X	_None	
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X_	_None	
	financial interests			
	se summarize the above co	nflict	of interest in the foll	lowing box:

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	_X_None	
		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	

	1		
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
	'		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above co	inflict of interest in the	following box:
1	lone		
1			

_X I certify that I have answered every question and have not altered the wording of any of the control form.	Juestions on this

Date:5/13/2024	
Your Name:	Mayank R. Patel, MD
Manuscript Title:	Association Between Patient Medications and Postoperative Outcomes in Early-stage Non-smal
Cell Lung Cancer	
Manuscript number	(if known):N/A

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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

	1		
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
	'		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above co	inflict of interest in the	following box:
1	None		
1			

_X I certify that I have answered every question and have not altered the wording of any of the control form.	Juestions on this

Date:5/13/2024	
Your Name: Ana A. Baumann, PhD	
Manuscript Title: Association Between Patient Medications and Postoperate	ive Outcomes in Early-stage Non-small
Cell Lung Cancer	
Manuscript number (if known):N/A	

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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	

	1	T	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
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,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	onflict of interest in the	following box:
	lone		

_X I certify that I have answered every question and have not altered the wording of any of the control form.	Juestions on this

Date:5/13/202	1
Your Name:	Daniel Kreisel MD, PhD
Manuscript Title:	Association Between Patient Medications and Postoperative Outcomes in Early-stage Non-smal
Cell Lung Cancer	
Manuscript number	(if known):N/A

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		Time frame: Since the initial	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X	DK is supported by NIH grants 1P01Al116501, R01HL094601, R01HL151078, U01163086-01, United States, Veterans Administration Merit Review grant 1l01BX002730, United States, and The Foundation for Barnes-Jewish Hospital, United States.
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
٥	testimony	_XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	^_NOTIE	

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

DK is supported by NIH grants 1P01AI116501, R01HL094601, R01HL151078, U01163086-01, United States, Veterans Administration Merit Review grant 1I01BX002730, United States, and The Foundation for Barnes-Jewish Hospital, United States.

Please place an "X" next to the following statement to indicate your agreement:		
_X I certify that I have answered every question and have not altered the wording of any of the questions on th form.		

Date:5/13/2024	
Your Name:	Ruben G. Nava, MD
Manuscript Title:	Association Between Patient Medications and Postoperative Outcomes in Early-stage Non-small
Cell Lung Cancer	
Manuscript number	(if known):N/A

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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.

		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 initial	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.	XNone	
		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	

	1			
5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_XNone		
	testimony			
7	Support for attending	XNone		
	meetings and/or travel			
8	Patents planned, issued or	X None		
8	pending	_XNone		
	pending			
9	Participation on a Data	X None		
9	Safety Monitoring Board or	_XNone		
	Advisory Board			
10	Leadership or fiduciary role	X None		
10	in other board, society,	XNone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X None		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
			•	
Plea	Please summarize the above conflict of interest in the following box:			
_				
	lone			

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

Date:5/13/2024	
Your Name: Whitney S. Brandt, MD	
Manuscript Title: Association Between Patient Medications and Post	operative Outcomes in Early-stage Non-small
Cell Lung Cancer	
Manuscript number (if known):N/A	

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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.

		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 initial	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.	XNone	
Time frame: past 36 months			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	

	1	T	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
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,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the	following box:
	lone		

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

Date:5/13	3/2024
Your Name:	Bryan F. Meyers, MD, MPH
Manuscript Tit	tle: Association Between Patient Medications and Postoperative Outcomes in Early-stage Non-small
Cell Lung Canc	cer control of the co
Manuscript nu	umber (if known):N/A

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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.

		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 initial	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.	XNone	
		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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	Y N	
6	Payment for expert	_XNone	
	testimony		
7	Company for attacking	V Name	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	_XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	_XIVOITE	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
	ase summarize the above co	onflict of interest in the fo	ollowing box:

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

Date:5/13/2024	
Your Name:	Benjamin D. Kozower, MD, MPH
Manuscript Title:	Association Between Patient Medications and Postoperative Outcomes in Early-stage Non-small
Cell Lung Cancer	
Manuscript number	(if known):N/A

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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.

		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)
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.	Time frame: Since the initial XNone	planning of the work
		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	

	1		
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
	'		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above co	inflict of interest in the	following box:
1	lone		
1			

_X I certify that I have answered every question and have not altered the wording of any of the control form.	Juestions on this

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 <u>current manuscript only</u>.

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.

		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 initial	
1	All support for the present	None	Funded in part through a VHA 1101HX002475-01A2 grant
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time mint for this item.		
		Time frame, nect	26 months
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		1	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	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	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
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,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
Plea	se summarize the above co	nflict of interest in the	e following box:

Funded in part through a VHA 1I01HX002475-01A2 grant	

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

Date:5/13/2024	
Your Name: Varun I	uri, MD, MSCI
Manuscript Title: Associa	ion Between Patient Medications and Postoperative Outcomes in Early-stage Non-small
Cell Lung Cancer	
Manuscript number (if know):N/A

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 <u>current manuscript only</u>.

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.

		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 initial	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	VP has funding through a VHA 1I01HX002475-01A2 grant
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	Project Number: I01 HX002475 Project Number: R01HL146856 Project Number:

			R01CA258681
			Project Number:
			MATF
3	Royalties or licenses	XNone	
4	Consulting fees	X None	
·	00.100.10.1.8		
5	Payment or honoraria for	None	PrecisCa – panel discussions
	lectures, presentations,		
	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 Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	Intuitive Curgical Chause awas stock
11	Stock of Stock options	None	Intuitive Surgical - Spouse owns stock
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	XNone	

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

VP has received the following grants for projects: 1I01HX002475-01A2, R01HL146856, R01CA258681, MATF. VP has also received payments from PrecisCa (panel discussions) and VP's spouse owns stock in Intuitive Surgical.

Please place an "X" next to the following statement to indicate your agreement:
_X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:5/13/2024	
Your Name: Martin W. Schoen, MD, MPH	
Manuscript Title: Association Between Patient Medications and Postoperat	ive Outcomes in Early-stage Non-small
Cell Lung Cancer	
Manuscript number (if known):N/A	

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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.

		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 initial	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	MWS has funding through the Congressionally Directed Medical Research Program DoD W81XWH-22-1-0602	
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	X None		
	consuming rees			
5	Payment or honoraria for	None	MWS has received speaking fees from Pfizer.	
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel			
	meetings and, or traver			
8	Patents planned, issued or	_XNone		
	pending			
9	Participation on a Data	_XNone		
	Safety Monitoring Board or			
40	Advisory Board	V N		
10	Leadership or fiduciary role in other board, society,	XNone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_XNone		
	•			
12	Receipt of equipment,	_XNone		
	materials, drugs, medical			
	writing, gifts or other			
12	services Other financial or non-	V Nors		
13	other financial or non- financial interests	XNone		
	imanciai interests			
Plea	se summarize the above co	nflict of interest in th	ne following box:	
_				

MWC has for directhrough the Congressionally Directed Medical Descends Drawers D

MWS has funding through the Congressionally Directed Medical Research Program DoD
W81XWH-22-1-0602 and has received speaking fees from Pfizer.

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