

## ICMJE DISCLOSURE FORM

Date: August 29<sup>th</sup>, 2024

Your Name: Raffaele Rocco

Manuscript Title: Impact of lymph node evaluation standard in patients undergoing lung resection for clinical stage IA pulmonary adenocarcinoma and squamous cell carcinoma

Manuscript number (if known): JTD-24-971-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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	__X__ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ 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: August 29<sup>th</sup>, 2024

Your Name: Brandon S. Hendriksen

Manuscript Title: Impact of lymph node evaluation standard in patients undergoing lung resection for clinical stage IA pulmonary adenocarcinoma and squamous cell carcinoma

Manuscript number (if known): JTD-24-971-CL

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## ICMJE DISCLOSURE FORM

Date: August 29<sup>th</sup>, 2024

Your Name: Belisario A. Ortiz

Manuscript Title: Impact of lymph node evaluation standard in patients undergoing lung resection for clinical stage IA pulmonary adenocarcinoma and squamous cell carcinoma

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## ICMJE DISCLOSURE FORM

Date: August 29<sup>th</sup>, 2024

Your Name: K. Robert Shen

Manuscript Title: Impact of lymph node evaluation standard in patients undergoing lung resection for clinical stage IA pulmonary adenocarcinoma and squamous cell carcinoma

Manuscript number (if known): JTD-24-971-CL

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## ICMJE DISCLOSURE FORM

Date: August 29<sup>th</sup>, 2024

Your Name: Stephen D. Cassivi

Manuscript Title: Impact of lymph node evaluation standard in patients undergoing lung resection for clinical stage IA pulmonary adenocarcinoma and squamous cell carcinoma

Manuscript number (if known): JTD-24-971-CL

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## ICMJE DISCLOSURE FORM

Date: August 29<sup>th</sup>, 2024

Your Name: Sahar Saddoughi

Manuscript Title: Impact of lymph node evaluation standard in patients undergoing lung resection for clinical stage IA pulmonary adenocarcinoma and squamous cell carcinoma

Manuscript number (if known): JTD-24-971-CL

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## ICMJE DISCLOSURE FORM

Date: August 29<sup>th</sup>, 2024

Your Name: Janani Reisenauer

Manuscript Title: Impact of lymph node evaluation standard in patients undergoing lung resection for clinical stage IA pulmonary adenocarcinoma and squamous cell carcinoma

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3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

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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 type="checkbox"/> None	Imvaria, Phase, Medview
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 type="checkbox"/> None	Elucent, Noah, Isola, Vergent
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:**

The author has patents pending with Imvaria, Phase and Medview.

The author has a consulting role with companies Elucent, Noah, Isola, and Vergent

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

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## ICMJE DISCLOSURE FORM

Date: August 29<sup>th</sup>, 2024

Your Name: Dennis A. Wigle

Manuscript Title: Impact of lymph node evaluation standard in patients undergoing lung resection for clinical stage IA pulmonary adenocarcinoma and squamous cell carcinoma

Manuscript number (if known): JTD-24-971-CL

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## ICMJE DISCLOSURE FORM

Date: August 29, 2024

Your Name: Luis F. Tapias

Manuscript Title: Impact of lymph node evaluation standard in patients undergoing lung resection for clinical stage IA Pulmonary Adenocarcinoma and Squamous Cell Carcinoma

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