Date:	L/2021	
Your Name:	Severin Schmid	
Manuscript Title:	Implication of a novel postoperative recovery protocol to increase day one discharge rate after anatomic lung resection	
Manuscript Number (if known):	JTD-21-965-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.

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		e all entities with whom you have this ionship 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 o	of the work
1	All support for the present manuscript (e.g.,	None	
	funding, provision		
	of study materials,		Click the tab key to add additional rows.
	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 months	S
2	Grants or contracts from	None	
	any entity (if not		
	indicated in item		
	#1 above).		

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses		None	
4	Consulting fees		None	
5	Payment or honoraria for		None	
	lectures, presentations, speakers			
	bureaus, manuscript			
	writing or educational events			
6	Payment for expert testimony		None	
7	Support for attending meetings and/or		None	
	travel			
8	Patents planned, issued or		None	
	pending			
9	Participation on a Data Safety Monitoring		None	
	Board or Advisory Board			
10	Leadership or fiduciary role in		None	
	other board,			

		ationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments w Specifications/Comments (e.g., if payments w made to you or to your institution)	vere
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	10/11/2021
Your Name:	Mohamad Ali Kaafarani
Manuscript Title:	Implication of a novel postoperative recovery protocol to increase day one discharge rate after anatomic lung resection
Manuscript Number (if known):	JTD-21-965-CL

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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)
3	Royalties or licenses	☑ None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board,	⊠ None	

			tities with whom you have this or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	☑ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None		
13	Other financial or non-financial interests	⊠ None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	10/12/2021
Your Name:	Gabriele Baldini
Manuscript Title:	Implication of a novel postoperative recovery protocol to increase day one discharge rate after anatomic lung resection
Manuscript Number (if known):	JTD-21-965-CL

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7	Support for attending meetings and/or travel	☑ None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑         None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	9/27/2021		
Your Name:	Alexander Amir		
Manuscript Title:	Implication of a novel postoperative recovery protocol to increase day one discharge rate after anatomic lung resection		
Manuscript Number (if known):	JTD-21-965-CL		

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	bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
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9	Participation on a Data Safety Monitoring	None	
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11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	9/21/2021
Your Name:	Florin COSTESCU
Manuscript Title:	Implication of a novel postoperative recovery protocol to increase day one discharge rate after anatomic lung resection
Manuscript Number (if known):	JTD-21-965-CL

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	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	9/20/2021
Your Name:	Danielle Shafiepour
Manuscript Title:	Implication of a novel postoperative recovery protocol to increase day one discharge rate after anatomic lung resection
Manuscript Number (if known):	JTD-21-965-CL

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	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring	None	
	Board or Advisory Board		
10	Leadership or fiduciary role in	None	
	other board,		

		ame all entities with whom you have this Specifications/Comments (e.g., if payments wer lationship or indicate none (add rows as needed) made to you or to your institution)	e	
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	Oct 11, 2021
Your Name:	Jonathan Cools-Lartigue
Manuscript Title:	Implication of a novel postoperative recovery protocol to increase day one discharge rate after anatomic lung resection
Manuscript Number (if known):	JTD-21-965-CL

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			Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	X□	None	

		Name relatio neede	all entities with whom you have this nship or indicate none (add rows as d)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	ΠX	None	
6	Payment for expert testimony	□X	None	
7	Support for attending meetings and/ or travel	□X	None	
8	Patents planned, issued or pending	□X	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□X	None	

			all entities with whom you have this nship or indicate none (add rows as d)	Specifications/Comments (e.g., if payments were made to you or to your institution)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□X	None	
11	Stock or stock options	□X	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□X	None	
13	Other financial or non-financial interests	□X	None	
Please place an "X" next to the following statement to indicate your agreement:				
<ul> <li>I certify that I have answered every question and have not altered the wording of any of the questions on this</li> <li>form</li> </ul>				

Date:	10/1/2021
Your Name:	Sara Najmeh
Manuscript Title:	Implication of a novel postoperative recovery protocol to increase day one discharge rate after anatomic lung resection
Manuscript Number (if known):	JTD-21-965-CL

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	medical writing,			
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4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations, speakers		
	bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring	None	
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in	None	
	other board,		

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	society, committee or advocacy group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	None			
Plea	Please place an "X" next to the following statement to indicate your agreement:				

Your Name: Date:

Manuscript Title:

3 109 202 Click or tap to enter a date.

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Christian Sirois M.D. Lic 1-97328

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Implication of a novel postoperative recovery protocol to increase day one discharge rate after anatomic lung resection

JTD-21-965-CL Manuscript Number (if known):

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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.

		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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8/26/2021

ICMJE Disclosure Form

Christian Sirois M.D.

Lic 1-97328

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		Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution)	its were
2	society, committee or advocacy group, paid or unpaid		
<b>A</b>	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Tone	
р С	Other financial or non-financial interests	None	
Pleas	se pjace an "X" nexi I certify that I have	Please place an "X" next to the following statement to indicate your agreement:	

Christian Sirois M.D. Lic 1-97328

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ICMJE Disclosure Form

8/26/2021

Date:	9/19/2021	
Your Name:	Lorenzo Ferri	
Manuscript Title:	Implication of a novel postoperative recovery protocol to increase day one discharge rate after anatomic lung resection	
Manuscript Number (if known):	JTD-21-965-CL	

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7	attending		None	
	meetings and/or travel			
8	Patents planned, issued or		None	
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9	Participation on a Data Safety Monitoring		None	
	Board or Advisory Board			
10	Leadership or fiduciary role in		None	
	other board,			

		ationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments w made to you or to your institution)	ere	
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	9/30/2021
Your Name:	David S Mulder
Manuscript Title:	Implication of a novel postoperative recovery protocol to increase day one discharge rate after anatomic lung resection
Manuscript Number (if known):	JTD-21-965-CL

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The author's relationships/activities/interests should be defined broadly. 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.

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	Time frame: Since the initial planning of the work				
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	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.	
			Time frame: past 36 mont	าร	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		

		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)
3	Royalties or licenses	☑         None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑         None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	☑         None	
8	Patents planned, issued or pending	☑         None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠         None	
10	Leadership or fiduciary role in other board,	⊠ None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	10/1/2021	
Your Name:	Jonathan D. Spicer	
Manuscript Title:	Implication of a novel postoperative recovery protocol to increase day one discharge rate after anatomic lung resection	
Manuscript Number (if known):	JTD-21-965-CL	

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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.) <b>No time limit for</b>		None	Click the tab key to add additional rows.	
	this item.				
			Time frame: past 36 months	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	<b>X</b>	None		

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	X	None	
4	Consulting fees		None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		None	
6	Payment for expert testimony	<b>X</b>	None	
7	Support for attending meetings and/or travel		None	
8	Patents planned, issued or pending		None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		None	
10	Leadership or fiduciary role in other board,	X	None	