

## ICMJE DISCLOSURE FORM

**Date:** September 6<sup>th</sup>, 2021

**Your Name:** Dominique GOSSOT

**Manuscript Title:** Thoracic surgery in France

**Manuscript number (if known):** JTD-21-1462

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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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)
<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>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
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, society, committee or advocacy group, paid or unpaid	___ None	
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	

**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:**

  x   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:** September 6<sup>th</sup>, 2021

**Your Name:** Gabriel SAIYDOUN

**Manuscript Title:** Thoracic surgery in France

**Manuscript number (if known):** JTD-21-1462

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

Gabriel Saiydoun



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, society, committee or advocacy group, paid or unpaid	None	
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	

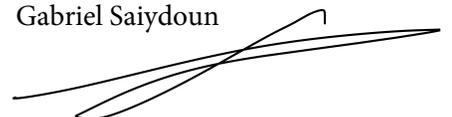
Please summarize the above conflict of interest in the following box:

X

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

Gabriel Saiydoun



## ICMJE DISCLOSURE FORM

Date: September 6<sup>th</sup>, 2021

Your Name: LECLERE Jean-Baptiste

Manuscript Title: Thoracic surgery in France

Manuscript number (if known): JTD-21-1462

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

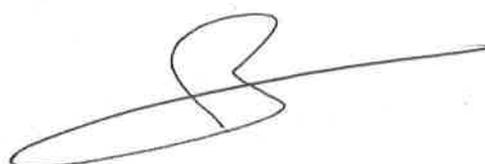
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None

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 Dr. LECLERC  
 Jean-Baptiste

## ICMJE DISCLOSURE FORM

**Date:** September 6<sup>th</sup>, 2021

**Your Name:** Marcel Dahan

**Manuscript Title:** Thoracic surgery in France

**Manuscript number (if known):** JTD-21-1462

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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	
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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

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Marcel DAHAN

## ICMJE DISCLOSURE FORM

**Date:** September 6<sup>th</sup>, 2021

**Your Name:** Pascal A. Thomas

**Manuscript Title:** Thoracic surgery in France

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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	EUROPRISME	Congress travel expenses
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	ETHICON ENDOSURGERY MEDTRONIC ASTRAZENECA	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Conseil National Professionnel de Chirurgie Thoracique et Cardio-Vasculaire	President
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:**

PAT has received congress travel expenses from Europrisme, and he reports participation in advisory boards for Ethicon Endosurgery, Medtronic and AstraZeneca. He is the President of Conseil National Professionnel de Chirurgie Thoracique et Cardio-Vasculaire.

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

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**ICMJE DISCLOSURE FORM**

Date: September 6<sup>th</sup>, 2021

Your Name: \_\_\_\_\_

Manuscript Title: Thoracic surgery in France

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No conflict of interests to declare

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

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**Professeur Jean-Philippe VERHOYE**  
 Centre Hospitalier Universitaire  
 Service Chirurgie Thoracique Cardiaque et Vasculaire  
 2 rue Henri Le Guilloux-35033 RENNES Cedex  
 Tél : 02 99 28 24 90- Fax : 02 99 28 24 96  
 N°RPPS 10 003 835 427 -N°Finess 350000741

## ICMJE DISCLOSURE FORM

Date: September 6<sup>th</sup>, 2021

Your Name: Agathe SEGUIN-GIVELET

Manuscript Title: Thoracic surgery in France

Manuscript number (if known): JTD-21-1462

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