ICMJE DISCLOSURE FORM

Date:	1/4/2022		
Your Name:	_ Fernando Vannucci _		
Manuscript	Title: Thoracic Surge	ry in Brazil: an overview	
Manuscript	number (if known):		

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.

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)
		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	
		Time frame: past	36 months
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	AstraZeneca Brazil	2 lectures in 2 virtual events/Payments to myself
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	Brazilian Society of	Former International Secretary for international affairs
	in other board, society,	Thoracic Surgery	(2015-2021)
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12			
12	materials, drugs, medical		
12			
12	materials, drugs, medical writing, gifts or other	None	
	materials, drugs, medical writing, gifts or other services	None	
	materials, drugs, medical writing, gifts or other services Other financial or non-	None	
	materials, drugs, medical writing, gifts or other services Other financial or non-	None	
	materials, drugs, medical writing, gifts or other services Other financial or non-	None	

Fernando Vannucci reports that he received 2 presentation honorarium from AstraZeneca Brazil, and he was the Former International Secretary for international affairs of Brazilian Society of Thoracic Surgery.

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: 1/4/2022
Your Name:_ CAIO CESAR BIANCHI DE CASTRO
Manuscript Title: Thoracic Surgery in Brazil: an overview
Manuscript number (if known):

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	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
	•		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
No	one		
Ple	ease place an "X" next to the	e following statement to in	ndicate vour agreement:
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__ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.