

ICMJE DISCLOSURE FORM

Date: 2022-5-31

Your Name: Yoshiki Chiba

Manuscript Title: Robot-assisted and video-assisted thoracoscopic surgery for thymoma: Comparison of the perioperative outcomes using inverse probability of treatment weighting method

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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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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13	Other financial or non-financial interests	___ None	

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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.

ICMJE DISCLOSURE FORM

Date: 2022-5-31

Your Name: Masahiro Miyajima

Manuscript Title: Robot-assisted and video-assisted thoracoscopic surgery for thymoma: Comparison of the perioperative outcomes using inverse probability of treatment weighting method

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022-5-31

Your Name: Yoshiaki Takase

Manuscript Title: Robot-assisted and video-assisted thoracoscopic surgery for thymoma: Comparison of the perioperative outcomes using inverse probability of treatment weighting method

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ICMJE DISCLOSURE FORM

Date: 2022-5-31

Your Name: Kodai Tsuruta

Manuscript Title: Robot-assisted and video-assisted thoracoscopic surgery for thymoma: Comparison of the perioperative outcomes using inverse probability of treatment weighting method

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ICMJE DISCLOSURE FORM

Date: 2022-5-31

Your Name: Yuma Shindo

Manuscript Title: Robot-assisted and video-assisted thoracoscopic surgery for thymoma: Comparison of the perioperative outcomes using inverse probability of treatment weighting method

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ICMJE DISCLOSURE FORM

Date: 2022-5-31
 Your Name: Yasuyuki Nakamura
 Manuscript Title: Robot-assisted and video-assisted thoracoscopic surgery for thymoma: Comparison of the perioperative outcomes using inverse probability of treatment weighting method
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022-5-31
 Your Name: Daichi Ishii
 Manuscript Title: Robot-assisted and video-assisted thoracoscopic surgery for thymoma: Comparison of the perioperative outcomes using inverse probability of treatment weighting method
 Manuscript number (if known): _____

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Date: 2022-5-31
 Your Name: Taiki Sato
 Manuscript Title: Robot-assisted and video-assisted thoracoscopic surgery for thymoma: Comparison of the perioperative outcomes using inverse probability of treatment weighting method
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ICMJE DISCLOSURE FORM

Date: 2022-5-31

Your Name: Miho Aoyagi

Manuscript Title: Robot-assisted and video-assisted thoracoscopic surgery for thymoma: Comparison of the perioperative outcomes using inverse probability of treatment weighting method

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Date: 2022-5-31

Your Name: Tomoko Shiraishi

Manuscript Title: Robot-assisted and video-assisted thoracoscopic surgery for thymoma: Comparison of the perioperative outcomes using inverse probability of treatment weighting method

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ICMJE DISCLOSURE FORM

Date: 2022-5-31

Your Name: Tomoko Sonoda

Manuscript Title: Robot-assisted and video-assisted thoracoscopic surgery for thymoma: Comparison of the perioperative outcomes using inverse probability of treatment weighting method

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Date: 2022-5-31
 Your Name: Atsushi Watanabe
 Manuscript Title: Robot-assisted and video-assisted thoracoscopic surgery for thymoma: Comparison of the perioperative outcomes using inverse probability of treatment weighting method
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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

The author has no conflicts of interest to declare.

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.