ICMJE DISCLOSURE FORM

Date: _____April. 21th, 2022_____

Your Name: ___Yuwei Qiu___

Manuscript Title: The efficacy of high frequency jet ventilation on intraoperative oxygen saturation compared to cross-field ventilation in patients undergoing carinal resection and reconstruction

Manuscript number (if known): ______JTD-22-355-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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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.

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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | Yuwei Qiu Shanghai Municipal Commission of Health (202040200). |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Conflict of Interest | 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:

Dr. Yuwei Qiu reports funding from Shanghai Municipal Commission of Health (202040200).

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: _____April 21st, 2022_____

Your Name: ____________________________

Manuscript Title: The efficacy of high frequency jet ventilation on intraoperative oxygen saturation compared to cross-field ventilation in patients undergoing carinal resection and reconstruction.

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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.) | __X__None \[No time limit for this item.\]                                        |
| **Time frame: past 36 months** |                                                                                     |                                                                                   |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | __X__None                                                                          |
| **3** | Royalties or licenses                                                                  | __X__None                                                                          |
|   | Description                                                                 | Agreement |
|---|-----------------------------------------------------------------------------|-----------|
| 4 | Consulting fees                                                            | __X__None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__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 |
|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 |

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ICMJE DISCLOSURE FORM

Date: ______April. 25th, 202w____

Your Name: ______

Manuscript Title: ______The efficacy of high frequency jet ventilation on intraoperative oxygen saturation compared to cross-field ventilation in patients undergoing carinal resection and reconstruction.

Manuscript number (if known): JTD-22-355-CL

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| Item | 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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| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |
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| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X_ None |
| 3    | Royalties or licenses                                                                          | _X_ None |
|      | **Time frame: past 36 months**                                                                  |                                                                   |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 4 | Consulting fees                                                             | _X_ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ 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 |
| 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 summarize the above conflict of interest in the following box:

None.

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ICMJE DISCLOSURE FORM

Date:______April. 21\textsuperscript{th}, 2022____

Your Name: Jingxiang Wu

Manuscript Title: The efficacy of high frequency jet ventilation on intraoperative oxygen saturation compared to cross-field ventilation in patients undergoing carinal resection and reconstruction

Manuscript number (if known):_________JTD-22-355-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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| 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. | Jingxiang Wu | Shanghai Shen Kang Hospital Development Center Project (SHDC2020CR4063) | Jingxiang Wu | National Natural Science Foundation of China(82071233) |

| Time frame: past 36 months |
|------------------|---------------------------------|
| 2 | Grants or contracts from any entity (if not indicated) | None |
|   |   |
|---|---|
| **3** | Royalties or licenses | None |
| **4** | Consulting fees | None |
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| **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:

Dr. Jingxiang Wu reports funding from National Natural Science Foundation of China (82071233) and Shanghai Shen Kang Hospital Development Center (SHDC2020CR4063).

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