**ICMJE DISCLOSURE FORM**

Date: __26/03/2021__

Your Name: __Jihong Lin__

**Manuscript Title:** Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy

Manuscript number (if known): ____ JTD-21-529

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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.

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.** | **None**                                                                        |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | **None**                                                                        |
| 3 | Royalties or licenses | **None**                                                                        |
| 4 | Consulting fees | **None**                                                                        |
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 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. Lin has nothing to disclose.**

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: 26/03/2021

Your Name: Shuchen Chen

Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy

Manuscript number (if known): JTD-21-529

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|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |
|   | **No time limit for this item.**                                                                 |                                                                              |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | None |
| 3 | Royalties or licenses                                                                          | None |
| 4 | Consulting fees                                                                                | None |

**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**
|   | Description                                                                 | Status |
|---|-----------------------------------------------------------------------------|--------|
| 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. Chen has nothing to disclose.**

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: 26/03/2021
Your Name: Kaiming Peng

Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy

Manuscript number (if known): JTD-21-529

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **1** | **All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)**<br>**No time limit for this item.** | **None**                                                                              |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | **None**                                                                              |
| **3** | Royalties or licenses | **None**                                                                               |
| **4** | Consulting fees | **None**                                                                               |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Question                                                                 | Response |
|---|--------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,     | None     |
|   | manuscript writing or educational events                                  |          |
| 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| None     |
|   | group, paid or unpaid                                                     |          |
| 11| Stock or stock options                                                    | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other   | None     |
|   | services                                                                  |          |
| 13| Other financial or non-financial interests                                | None     |

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

Dr. Peng has nothing to disclose.

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: ______ 26/03/2021
Your Name: __ Lei Gao ______________________________________________________________________
Manuscript Title: __ Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant
chemotherapy combined with immunotherapy __________________________________________________________________________
Manuscript number (if known): ______ JTD-21-529 ______________________________________________________________________

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|---|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials,
medicals writing, article processing charges, etc.). No time limit for this item. | None                                                                              |

Time frame: Since the initial planning of the work

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

Time frame: past 36 months
|   | Conflict of Interest Details                                                                 | Disclosure  |
|---|--------------------------------------------------------------------------------------------|-------------|
| 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. Gao has nothing to disclose.

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: 26/03/2021

Your Name: Shaobin Yu

Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy

Manuscript number (if known): JTD-21-529

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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None                                                                             |
|   | **Time frame: Since the initial planning of the work**                                             |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None                                                                             |
| 3 | Royalties or licenses                                                                               | None                                                                             |
| 4 | Consulting fees                                                                                    | None                                                                             |
|   | **Time frame: past 36 months**                                                                     |                                                                                  |
|   | Conflict of Interest                                                                 | Response |
|---|--------------------------------------------------------------------------------------|----------|
| 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. Yu has nothing to disclose.

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

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Date: 26/03/2021
Your Name: Peipei Zhang

Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy

Manuscript number (if known): JTD-21-529

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**Time frame: Since the initial planning of the work**

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | **None** |

**Time frame: past 36 months**

|   |   |   |
|---|---|---|
| 3 | Royalties or licenses | **None** |
| 4 | Consulting fees | **None** |
|   | Description                                                                 | Response  |
|---|------------------------------------------------------------------------------|-----------|
| 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      |

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Dr. Zhang has nothing to disclose.

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

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Date: 26/03/2021
Your Name: Zhimin Shen
Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy
Manuscript number (if known): JTD-21-529

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|---|---------------------------------------------------------------|---------------------------------------------------------------------|
| 1 | No time limit for this item. All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.). | None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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. Shen has nothing to disclose.

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: 26/03/2021

Your Name: Junjie He

Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy

Manuscript number (if known): JTD-21-529

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None                                                                          |
|   | **No time limit for this item.**                                                               |                                                                                  |

**Time frame: Since the initial planning of the work**

|   |                                                                                               |
|---|-----------------------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      |
|   | __None                                                                                         |

**Time frame: past 36 months**

|   |                                                                                               |
|---|-----------------------------------------------------------------------------------------------|
| 3 | Royalties or licenses                                                                         |
|   | __None                                                                                         |

|   |                                                                                               |
|---|-----------------------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                              |
|   | __None                                                                                         |
|   | Description                                                                 | Answer |
|---|-------------------------------------------------------------------------------|--------|
| 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. He has nothing to disclose.**

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: 26/03/2021
Your Name: Mingqiang Kang
Manuscript Title: Single-direction VATS left lower lobectomy and lymph node dissection after neoadjuvant chemotherapy combined with immunotherapy
Manuscript number (if known): JTD-21-529

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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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None                                                                          |
|   | **No time limit for this item.** |                                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None                                                                          |
| 3 | Royalties or licenses | None                                                                          |
| 4 | Consulting fees | None                                                                          |

Time frame: Since the initial planning of the work

Time frame: past 36 months
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. Kang has nothing to disclose.

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.