ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| Olli                       | Helminen               | 23-March-2020 |

4. Are you the corresponding author? [ ] Yes  ✔ No

| Corresponding Author’s Name |
|-----------------------------|
| Eero Sihvo                  |

5. Manuscript Title
   Thoracoscopic segmentectomy with simple routine bronchoscopic inflation for intersegmental plane identification: short and mid-term outcomes compared with lobectomy

6. Manuscript Identifying Number (if you know it)
   JTD-20-656

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? [ ] Yes  ✔ No

## Section 3. Relevant financial activities outside the submitted work.

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## Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Helminen has nothing to disclose.

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### Identifying Information

1. **Given Name (First Name)**  
   Johanna

2. **Surname (Last Name)**  
   Valo

3. **Date**  
   23-March-2020

4. **Are you the corresponding author?**  
   No

   **Corresponding Author’s Name**  
   Eero Sihvo

5. **Manuscript Title**  
   Thoracoscopic segmentectomy with simple routine bronchoscopic inflation for intersegmental plane identification: short and mid-term outcomes compared with lobectomy

6. **Manuscript Identifying Number (if you know it)**  
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Dr. Valo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Heidi  

2. Surname (Last Name)  
   Andersen  

3. Date  
   23-March-2020  

4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No  

   Corresponding Author’s Name  
   Eero Sihvo  

5. Manuscript Title  
   Thoracoscopic segmentectomy with simple routine bronchoscopic inflation for intersegmental plane identification: short and mid-term outcomes compared with lobectomy  

6. Manuscript Identifying Number (if you know it)  
   JTD-20-656

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Dr. Andersen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Anna
2. Surname (Last Name)  
   Lautamäki
3. Date  
   23-March-2020

4. Are you the corresponding author?  
   Yes ✔ No

Corresponding Author’s Name  
Eero Sihvo

5. Manuscript Title  
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Dr. Lautamäki has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jari
2. Surname (Last Name)     Räsänen
3. Date                    23-March-2020
4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name
Eero Sihvo

5. Manuscript Title
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Dr. Räsänen has nothing to disclose.

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5. **Relationships not covered above.**

   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

**Definitions.**

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally (but not always) paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Eero

2. Surname (Last Name)  
   Sihvo

3. Date  
   23-March-2020

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title  
   Thoracoscopic segmentectomy with simple routine bronchoscopic inflation for intersegmental plane identification: short and mid-term outcomes compared with lobectomy

6. Manuscript Identifying Number (if you know it)  
   JTD-20-656

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   ☐ Yes  ✔ No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Sihvo has nothing to disclose.

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