ICMJE DISCLOSURE FORM

Date: __________ Nov 9, 2021 ________________________________
Your Name: __________ Jinghan Shi ________________________________

Manuscript Title: __ The combination of computed tomography features and circulating tumor cells increases the surgical prediction of visceral pleural invasion in clinical T1N0M0 lung adenocarcinoma __________________
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 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.) | _X_ None |
|   | **Time frame: Since the initial planning of the work** | **None** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | **Time frame: past 36 months** | **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:

Dr. Jinghan Shi 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:______________ Nov 9, 2021_______________________________________________________________
Your Name:________ Fei Li_______________________________________________________________
Manuscript Title:____ The combination of computed tomography features and circulating tumor cells increases the surgical prediction of visceral pleural invasion in clinical T1N0M0 lung adenocarcinoma
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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|---|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 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.** | _X_ None                                                                      |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above)                           | _X_ None                                                                      |
| 3 | Royalties or licenses                                                                             | _X_ None                                                                      |
| 4 | Consulting fees                                                                                  | _X_ None                                                                      |
|   | Question                                                                                                                                                                                                 | Answer |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 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:

Dr. Fei Li 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: ______________ Nov 9, 2021 ________________________________
Your Name: __________ Fujun Yang ________________________________
Manuscript Title: __ The combination of computed tomography features and circulating tumor cells increases the surgical prediction of visceral pleural invasion in clinical T1N0M0 lung adenocarcinoma ____________________
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: 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.**                                                               |                                                                                   |
|   |                                                                                               |                                                                                   |
|   |                                                                                               |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X_ None                                                                           |
| 3 | Royalties or licenses                                                                         | _X_ None                                                                           |
| 4 | Consulting fees                                                                               | _X_ None                                                                           |
|   | **Time frame: past 36 months**                                                                |                                                                                   |


|   | 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:

**Dr. Fujun Yang 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: _______________ Nov 9, 2021

Your Name: __________ Zhengwei Dong

Manuscript Title: __ The combination of computed tomography features and circulating tumor cells increases the surgical prediction of visceral pleural invasion in clinical T1N0M0 lung adenocarcinoma

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: Since the initial planning of the work                                               |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | _X_ None |
|   | Time frame: past 36 months                                                                     |                                                                                   |
| 3 | Royalties or licenses                                                                           | _X_ None |

|   | 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:

**Dr. Zhengwei Dong 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:________________ Nov 9, 2021__________________________
Your Name:________ Yan Jiang ______________________________________________________________
Manuscript Title:____ The combination of computed tomography features and circulating tumor cells increases the surgical prediction of visceral pleural invasion in clinical T1N0M0 lung adenocarcinoma ____________________________
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 current manuscript only.

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|   | 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.) | X None |
|   | No time limit for this item. | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | Conflicts of Interest                                                                 |   |
|---|---------------------------------------------------------------------------------------|---|
| 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:

Dr. Yan Jiang 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:______________ Nov 9, 2021
Your Name:________ Dania Nachira
Manuscript Title:___ The combination of computed tomography features and circulating tumor cells increases the surgical prediction of visceral pleural invasion in clinical T1N0M0 lung adenocarcinoma_____________________
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: 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.**                                                               |                                                                                      |
|    |                                                                                                 |                                                                                      |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).                       | _X_ None                                                                            |
| 3  | Royalties or licenses                                                                           | _X_ None                                                                            |
| 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:

**Dr. Dania Nachira 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:________________ Nov 9, 2021__________________________
Your Name:________ Justyna Chalubinska-Fendler _____________________________
Manuscript Title:___ The combination of computed tomography features and circulating tumor cells increases the surgical prediction of visceral pleural invasion in clinical T1N0M0 lung adenocarcinoma____________________
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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None |
| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |

Time frame: past 36 months
|   | Description                                                                 | 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:

Dr. Justyna Chalubinska-Fendler 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:____________ Nov 9, 2021____________________________________________
Your Name:______Terence Sio________________________________________________

Manuscript Title:__ The combination of computed tomography features and circulating tumor cells increases the surgical prediction of visceral pleural invasion in clinical T1N0M0 lung adenocarcinoma__
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: 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. | _X__None                                                                          |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X__None                                                                          |
| 3 | Royalties or licenses                                                                          | _X__None                                                                          |
| 4 | Consulting fees                                                                                | _X__None                                                                          |
|   | Time frame: past 36 months                                                                     |                                                                                  |
|   | 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 | Novocure, Inc. | Non-financial support (Payments made to my institution) |
|    |                                                                                 | Galera Therapeutics, Inc. | Financial support (Payments made to me) |
| 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:

TTS reports non-financial support from Novocure, Inc. and financial support from Galera Therapeutics, Inc., outside the submitted work.

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: ______________ Nov 9, 2021
Your Name: ______ Yo Kawaguchi
Manuscript Title: ___ The combination of computed tomography features and circulating tumor cells increases the surgical prediction of visceral pleural invasion in clinical T1N0M0 lung adenocarcinoma ______________
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: 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.** | _X_ None                                                                           |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None                                                                           |                                                                                  |
| 3 | Royalties or licenses | _X_ None                                                                           |                                                                                  |
| 4 | Consulting fees | _X_ None                                                                           |                                                                                  |
| **Time frame: past 36 months** |                                                                                   |                                                                                  |
|   | Description                                                                 | 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:

Dr. Yo Kawaguchi 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: _______________ Nov 9, 2021 
Your Name: __________ Hiromitsu Takizawa
Manuscript Title: __The combination of computed tomography features and circulating tumor cells increases the surgical prediction of visceral pleural invasion in clinical T1N0M0 lung adenocarcinoma_____________________
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: 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.**                                                                                             |                                                                                                                                 |
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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                                                                                                                                 |
|   |                                                                                                                               |                                                                                                                                 |
| 4 | Consulting fees                                                                                                               | _X_ None                                                                                                                                 |

|   | **Time frame: past 36 months**                                                                                               |                                                                                                                                 |
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|   |                                                                                                                               |                                                                                                                                 |
|   |   |   |
|---|---|---|
| 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:

**Dr. Hiromitsu Takizawa 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: ______________ Nov 9, 2021
Your Name: __________ Xiao Song
Manuscript Title: __ The combination of computed tomography features and circulating tumor cells increases the surgical prediction of visceral pleural invasion in clinical T1N0M0 lung adenocarcinoma
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 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) |
|---|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   | **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. | _X_ None                                                                          |
|   | **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                                                                          |
| 4 | Consulting fees                                                                          | _X_ None                                                                          |
|   | Description                                                                 | 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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Dr. Xiao Song has nothing to disclose.

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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                                                                           |
|   | **Time frame: Since the initial planning of the work**                                        |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X_ None                                                                           |
|   | **Time frame: past 36 months**                                                                |                                                                                   |
| 3 | Royalties or licenses                                                                         | _X_ None                                                                           |
| 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:

**Dr. Yang Hu has nothing to disclose.**

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ICMJE DISCLOSURE FORM

Date: ______________ Nov 9, 2021

Your Name: __________ Liang Duan

Manuscript Title: ___ The combination of computed tomography features and circulating tumor cells increases the surgical prediction of visceral pleural invasion in clinical T1N0M0 lung adenocarcinoma

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 current manuscript only.

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| 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. | _X__ None                                                                           |
|    | Time frame: Since the initial planning of the work                                               |                                                                                     |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).                       | _X__ None                                                                           |
| 3  | Royalties or licenses                                                                           | _X__ None                                                                           |
| 4  | Consulting fees                                                                                 | _X__ None                                                                           |
|    | Time frame: past 36 months                                                                       |                                                                                     |
|   | Description                                                                 | 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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**Dr. Liang Duan has nothing to disclose.**

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