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.

1. Identifying information.

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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)**
   Mohamed

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

3. **Date**
   20-March-2020

4. **Are you the corresponding author?**
   ✔ Yes  ❌ No

   **Corresponding Author’s Name**
   Aigner

5. **Manuscript Title**
   Minimal-invasive approach reduces cardiopulmonary complications in elderly after lung cancer surgery

6. **Manuscript Identifying Number (if you know it)**
   JTD-19-3829

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?

   ✔ Yes  ❌ No

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Are there any relevant conflicts of interest?

   ✔ Yes  ❌ No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

   ✔ Yes  ❌ No
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Dr. Zaatar has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Theresa
2. Surname (Last Name) Stork
3. Date 20-March-2020

4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name Aigner

5. Manuscript Title
   Minimal-invasive approach reduces cardiopulmonary complications in elderly after lung cancer surgery

6. Manuscript Identifying Number (if you know it)
   JTD-19-3829

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

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

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Stork has nothing to disclose.

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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) Daniel
2. Surname (Last Name) Valdivia
3. Date 20-March-2020
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Aigner
5. Manuscript Title Minimal-invasive approach reduces cardiopulmonary complications in elderly after lung cancer surgery
6. Manuscript Identifying Number (if you know it)
   JTD-19-3829

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

Section 3. Relevant financial activities outside the submitted work.

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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ Yes ☐ No
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Dr. Valdivia has nothing to disclose.

Evaluation and Feedback

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Mardanzai
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

| 1. Given Name (First Name) | Khaled |
|----------------------------|--------|
| 2. Surname (Last Name)    | Mardanzai |
| 3. Date                   | 20-March-2020 |
| 4. Are you the corresponding author? | Yes | No |
| Corresponding Author's Name | Aigner |
| 5. Manuscript Title       | Minimal-invasive approach reduces cardiopulmonary complications in elderly after lung cancer surgery |
| 6. Manuscript Identifying Number (if you know it) | JTD-19-3829 |

**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 |
|-----|----|

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

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| Yes | No |
|-----|----|

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 

| Yes | No |
|-----|----|
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Mardanzai has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

| 1. Given Name (First Name) | Dirk |
|---------------------------|------|
| 2. Surname (Last Name)    | Stefani |
| 3. Date                   | 20-March-2020 |
| 4. Are you the corresponding author? | Yes ☐  No ☑ |

**Corresponding Author’s Name**

Aigner

**Manuscript Title**

Minimal-invasive approach reduces cardiopulmonary complications in elderly after lung cancer surgery

**Manuscript Identifying Number (if you know it)**

JTD-19-3829

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ☑ No
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Dr. Stefani has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Stephane  

2. Surname (Last Name)  
   Collaud  

3. Date  
   20-March-2020  

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Aigner  

5. Manuscript Title  
   Minimal-invasive approach reduces cardiopulmonary complications in elderly after lung cancer surgery  

6. Manuscript Identifying Number (if you know it)  
   JTD-19-3829

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Dr. Collaud has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Pauline
2. Surname (Last Name) Pöllen
3. Date 20-March-2020

4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author's Name Aigner

5. Manuscript Title
   Minimal-invasive approach reduces cardiopulmonary complications in elderly after lung cancer surgery

6. Manuscript Identifying Number (if you know it)
   JTD-19-3829

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Dr. Pöllen has nothing to disclose.

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Balazs                    | Hegedus                | 20-March-2020 |

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Aigner

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|-------------------------|---------|
| Till                      | Plönes                  | 20-March-2020 |

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

Corresponding Author’s Name  
Aigner

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
JTD-19-3829

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Dr. Plönes has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Clemens

2. **Surname (Last Name)**
   - Aigner

3. **Date**
   - 20-March-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Minimal-invasive approach reduces cardiopulmonary complications in elderly after lung cancer surgery

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

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