ICMJE DISCLOSURE FORM

Date: 20 August 2021
Your Name: Takeo Nakada
Manuscript Title: Thoracolaparoscopic carinal resection and reconstruction using pedicle omental flap
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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|   |   |   |
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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 |
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Please summarize the above conflict of interest in the following box:

None

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: _20. August. 2021_ 
Your Name: __Takashi Ohtsuka_ 
Manuscript Title: _Thoracolaparoscopic carinal resection and reconstruction using pedicle omental flap_ 
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.) | \_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 |
| **4** | Consulting fees | \_X\_ None |
|   |   |   |
|---|---|---|
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