ICMJE DISCLOSURE FORM

Date: Thursday, 30 September, 2021
Your Name: Luca Bertolaccini
Manuscript Title: A Proposal for a Postoperative Protocol for the Early Diagnosis of Bronchopleural Fistula After Lung Resection Surgery
Manuscript number (if known): JTD-21-1095

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) |
|---|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| **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.**                                                              |                                                                                          |
| **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                                                                                |
|   |   |   |
|---|---|---|
| 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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No conflict of interest to declare.

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Date: Thursday, 30 September, 2021
Your Name: Elena Prisciandaro
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| 3 | Royalties or licenses | _X__None | |
| 4 | Consulting fees | _X__None | |
|   | Official Statement                                                                 | __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 |
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Date: Thursday, 30 September, 2021
Your Name: Juliana Guarize
Manuscript Title: A Proposal for a Postoperative Protocol for the Early Diagnosis of Bronchopleural Fistula After Lung Resection Surgery
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|   | Question                                                                 | Answer |
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