ICMJE DISCLOSURE FORM

Date: Dec. 2nd, 2021
Your Name: Haoxiang Ni
Manuscript Title: Discussion of the experience and improvement of an enhanced recovery after surgery procedure for minimally invasive lobectomy: a cohort study combined with a case-control study
Manuscript number (if known): ATM-21-6493

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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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.) | _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                                                                         |
|   | Description                                                                 | Agreement | Notes |
|---|------------------------------------------------------------------------------|-----------|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,          | _X_ None  |       |
|   | manuscript writing or educational events                                    |           |       |
| 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 | _X_ None  |       |
|   | group, paid or unpaid                                                        |           |       |
| 11| Stock or stock options                                                       | _X_ None  |       |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | _X_ None  |       |
|   | services                                                                     |           |       |
| 13| Other financial or non-financial interests                                   | _X_ None  |       |

Please summarize the above conflict of interest in the following box:

None.

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ICMJE DISCLOSURE FORM

**Date:** Dec. 2nd, 2021  
**Your Name:** Peng Li  
**Manuscript Title:** Discussion of the experience and improvement of an enhanced recovery after surgery procedure for minimally invasive lobectomy: a cohort study combined with a case-control study  
**Manuscript number (if known):** ATM-21-6493

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|   | **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                                                                         |   |
|   | 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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**Date:** Dec. 2nd, 2021  
**Your Name:** Zhe Meng  
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**Manuscript number (if known):** ATM-21-6493

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| 4 | Consulting fees | _X_ None |
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| 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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Date: Dec. 2nd, 2021

Your Name: Tianwei Huang

Manuscript Title: Discussion of the experience and improvement of an enhanced recovery after surgery procedure for minimally invasive lobectomy: a cohort study combined with a case-control study

Manuscript number (if known): ATM-21-6493

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|   | **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                                                                           |
|   | Description                                                                                       | Agreement | Note |
|---|--------------------------------------------------------------------------------------------------|-----------|------|
| 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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Date: Dec. 2\textsuperscript{nd}, 2021  
Your Name: Liang Shi  
**Manuscript Title:** Discussion of the experience and improvement of an enhanced recovery after surgery procedure for minimally invasive lobectomy: a cohort study combined with a case-control study  
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| 3 | Royalties or licenses | _X_ None |
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**Time frame:** Since the initial planning of the work

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|   |   |   |
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