

ICMJE DISCLOSURE FORM

Date: 8th Mar, 2021

Your Name: Yuping Li

Manuscript Title: Derivation and validation of a nomogram model for pulmonary thromboembolism in patients undergoing lung cancer surgery

Manuscript number (if known): TLCR-21-109

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

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: 8th Mar, 2021

Your Name: Lei Shen

Manuscript Title: Derivation and validation of a nomogram model for pulmonary thromboembolism in patients undergoing lung cancer surgery

Manuscript number (if known): TLCR-21-109

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 8th Mar, 2021
 Your Name: Junrong Ding
 Manuscript Title: Derivation and validation of a nomogram model for pulmonary thromboembolism in patients undergoing lung cancer surgery
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ICMJE DISCLOSURE FORM

Date: 8th Mar, 2021

Your Name: Dong Xie

Manuscript Title: Derivation and validation of a nomogram model for pulmonary thromboembolism in patients undergoing lung cancer surgery

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ICMJE DISCLOSURE FORM

Date: 8th Mar, 2021

Your Name: Jian Yang

Manuscript Title: Derivation and validation of a nomogram model for pulmonary thromboembolism in patients undergoing lung cancer surgery

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ICMJE DISCLOSURE FORM

Date: 8th Mar, 2021
 Your Name: Yanfeng Zhao
 Manuscript Title: Derivation and validation of a nomogram model for pulmonary thromboembolism in patients undergoing lung cancer surgery
 Manuscript number (if known): TLCR-21-109

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Date: 8th Mar, 2021

Your Name: Angelo Carretta

Manuscript Title: Derivation and validation of a nomogram model for pulmonary thromboembolism in patients undergoing lung cancer surgery

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ICMJE DISCLOSURE FORM

Date: Mar. 8, 2021
 Your Name: René Horsleben Petersen
 Manuscript Title: Derivation and validation of a nomogram model for pulmonary thromboembolism in patients undergoing lung cancer surgery
 Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		Speaker fee from Medtronic outside the submitted work
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		Participation in advisory board for Astra Zeneca outside the submitted work.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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

René Horsleben Petersen reports COI outside the submitted work:
 Speaker fee from Medtronic and Participation in advisory board for Astra Zeneca

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: 8th Mar, 2021

Your Name: René Horsleben Petersen

Manuscript Title: Derivation and validation of a nomogram model for pulmonary thromboembolism in patients undergoing lung cancer surgery

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7	Support for attending meetings and/or travel	___ None	
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ICMJE DISCLOSURE FORM

Date: 8th Mar, 2021

Your Name: Sebastien Gilbert

Manuscript Title: Derivation and validation of a nomogram model for pulmonary thromboembolism in patients undergoing lung cancer surgery

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Date: 8th Mar, 2021

Your Name: Yasuhiro Hida

Manuscript Title: Derivation and validation of a nomogram model for pulmonary thromboembolism in patients undergoing lung cancer surgery

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ICMJE DISCLOSURE FORM

Date: 8th Mar, 2021

Your Name: Servet Bölükbas

Manuscript Title: Derivation and validation of a nomogram model for pulmonary thromboembolism in patients undergoing lung cancer surgery

Manuscript number (if known): TLCR-21-109

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Date: 8th Mar, 2021

Your Name: Hiran C. Fernando

Manuscript Title: Derivation and validation of a nomogram model for pulmonary thromboembolism in patients undergoing lung cancer surgery

Manuscript number (if known): TLCR-21-109

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ICMJE DISCLOSURE FORM

Date: 8th Mar, 2021

Your Name: Gening Jiang

Manuscript Title: Derivation and validation of a nomogram model for pulmonary thromboembolism in patients undergoing lung cancer surgery

Manuscript number (if known): TLCR-21-109

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Date: 8th Mar, 2021

Your Name: Yuming Zhu

Manuscript Title: Derivation and validation of a nomogram model for pulmonary thromboembolism in patients undergoing lung cancer surgery

Manuscript number (if known): TLCR-21-109

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