

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)

Elisa

2. Surname (Last Name)

Sicolo

3. Date

16-June-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Expectancy survival of malignant pleural effusion patients treated with thoracoscopic pleurodesis related to histology

6. Manuscript Identifying Number (if you know it)

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Dr. Aprile has nothing to disclose.

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Vittorio

2. Surname (Last Name)

Aprile

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16-June-2020

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Corresponding Author's Name

Elisa Siculo

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)

Diana

2. Surname (Last Name)

Bacchin

3. Date

16-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Elisa Siculo

5. Manuscript Title

Expectancy survival of malignant pleural effusion patients treated with thoracoscopic pleurodesis related to histology

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Section 1. Identifying Information

1. Given Name (First Name) Stylianos	2. Surname (Last Name) Korasidis	3. Date 16-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elisa Siculo
5. Manuscript Title Expectancy survival of malignant pleural effusion patients treated with thoracoscopic pleurodesis related to histology		
6. Manuscript Identifying Number (if you know it) _____		

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1. Given Name (First Name) Marcello Carlo	2. Surname (Last Name) Ambrogi	3. Date 16-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elisa Siculo
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Marco

2. Surname (Last Name)

Lucchi

3. Date

16-June-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Elisa Siculo

5. Manuscript Title

Expectancy survival of malignant pleural effusion patients treated with thoracoscopic pleurodesis related to histology

6. Manuscript Identifying Number (if you know it)

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Lucchi has nothing to disclose.

Evaluation and Feedback

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