

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Francesco

2. Surname (Last Name)
Mistretta

3. Date
22-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Minimally invasive versus open radical cystectomy: long term oncologic outcomes compared

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Mistretta has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stefano	2. Surname (Last Name) Luzzago	3. Date 22-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Mistretta
5. Manuscript Title Minimally invasive versus open radical cystectomy: long term oncologic outcomes compared		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)
Gennaro

2. Surname (Last Name)
Musi

3. Date
22-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Francesco Mistretta

5. Manuscript Title

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Ottavio

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de Cobelli

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Francesco Mistretta

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