

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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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)  
GINO

2. Surname (Last Name)  
ZACCAGNA

3. Date  
12-December-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
DUILIO DIVISI

5. Manuscript Title

VIDEO-ASSISTED THORACOSCOPIC SURGERY LOBECTOMY IN LUNG CANCER AFTER NEOADJUVANT CHEMOTHERAPY: FEASIBILITY AND SECURITY ANALYSIS THROUGH VIDEO-ASSISTED THORACOSCOPIC SURGERY NATIONAL REGISTRY DATA

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Dr. ZACCAGNA has nothing to disclose.

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1. Given Name (First Name)  
CARLO

2. Surname (Last Name)  
ZARACA

3. Date  
12-December-2019

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Corresponding Author's Name  
DUILIO DIVISI

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GABRIELLA

2. Surname (Last Name)  
DI LEONARDO

3. Date  
12-December-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
DUILIO DIVISI

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LUCA

2. Surname (Last Name)

BERTOLACCINI

3. Date

12-December-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

DUILIO DIVISI

5. Manuscript Title

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FRANCESCO

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ZARACA

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12-December-2019

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DUILIO DIVISI

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
ANDREA

2. Surname (Last Name)  
DE VICO

3. Date  
12-December-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
DUILIO DIVISI

5. Manuscript Title  
VIDEO-ASSISTED THORACOSCOPIC SURGERY LOBECTOMY IN LUNG CANCER AFTER NEOADJUVANT CHEMOTHERAPY:  
FEASIBILITY AND SECURITY ANALYSIS THROUGH VIDEO-ASSISTED THORACOSCOPIC SURGERY NATIONAL REGISTRY DATA

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. DE VICO has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
CARLO

2. Surname (Last Name)  
CURCIO

3. Date  
12-December-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
DUILIO DIVISI

5. Manuscript Title  
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1. Given Name (First Name)  
ROBERTO

2. Surname (Last Name)  
CRISCI

3. Date  
12-December-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
DUILIO DIVISI

5. Manuscript Title

VIDEO-ASSISTED THORACOSCOPIC SURGERY LOBECTOMY IN LUNG CANCER AFTER NEOADJUVANT CHEMOTHERAPY: FEASIBILITY AND SECURITY ANALYSIS THROUGH VIDEO-ASSISTED THORACOSCOPIC SURGERY NATIONAL REGISTRY DATA

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2. Surname (Last Name)  
DIVISI

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12-December-2019

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