

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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Section 1. Identifying Inform	ation			
1. Given Name (First Name) Vito Andrea	2. Surname (Last Name) Capozzi	3. Date 27-November-2020		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Safe obturator nerve identification duri	ng pelvic lymphadenectomy for high-risk endometri	al cancer.		
6. Manuscript Identifying Number (if you kn	now it)			
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Section 4. Intellectual Proper	ty Patents & Copyrights			
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	? 🗌 Yes 🖌 No		



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Dr. Capozzi has nothing to disclose.

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1. Given Name (Fi Luciano	rst Name)	2. Surname (Last Name) Monfardini	3. Date 27-November-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Capozzi Vito Andrea
5. Manuscript Title Safe obturator n		ng pelvic lymphadenector	ny for high-risk endometrial cancer.
6. Manuscript Ide	ntifying Number (if you kn	ow it)	
			-
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Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Royalties: Funds are coming in to you or your institution due to your patent

Gambino



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Giulia	rst Name)	2. Surname (Last Name) Gambino		3. Date 27-November-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Nam Capozzi Vito Andrea	ie
5. Manuscript Title Safe obturator n		ng pelvic lymphadenecto	my for high-risk endometrial	cancer.
6. Manuscript Ider	ntifying Number (if you kn	ow it)		
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Do you have any	patents, whether planr	ned, pending or issued, br	roadly relevant to the work?	Yes 🖌 No



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Dr. Gambino has nothing to disclose.

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4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Capozzi Vito Andrea	
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1. Given Name (Fi Olga	rst Name)	2. Surname (Last Name) Barba	3. Date 27-November-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Capozzi Vito Andrea
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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Stefano	rst Name)	2. Surname (Last Name) Cianci	3. Date 27-November-2020	
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Capozzi Vito Andrea	
5. Manuscript Title Safe obturator n		ng pelvic lymphadenector	ny for high-risk endometrial cancer.	
6. Manuscript Ide	ntifying Number (if you kn	ow it)		
			-	
Section 2.	The Work Under Co	oncideration for Public	ration	
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 Y No				
Section 3.	Relevant financial	activities outside the s	ubmitted 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 \checkmark No				
Section 4.	Intellectual Proper	ty Patents & Copyrig	jhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? 🗌 Yes 🖌 No	



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?

Yes, the following relationships/conditions/circumstances are present (explain below):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Cianci has nothing to disclose.

Evaluation and Feedback



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.

1. Identifying information.

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Section 1.	Identifying Inform	ation		
1. Given Name (Fi Roberto	rst Name)	2. Surname (Last Name) Berretta	3. Date 27-November-2020	
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Capozzi Vito Andrea	
5. Manuscript Title Safe obturator n		ng pelvic lymphadenecto	my for high-risk endometrial cancer.	
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Dr. Berretta has nothing to disclose.

Evaluation and Feedback