

## ICMJE DISCLOSURE FORM

Date: 17/03/2021

Your Name: Aprile Vittorio

Manuscript Title: Hypertermic Intrathoracic Chemotherapy (HITHOC) for thymoma: a narrative review on indications and results

Manuscript number (if known): ATM-20-6704

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.

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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:**

I have no conflict of interest to declare
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**Please place an "X" next to the following statement to indicate your agreement:**

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Date: 17/03/2021

Your Name: Korasidis Stylianos

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Date: 17/03/2021

Your Name: Ricciardi Roberta

Manuscript Title: Hyperthermic Intrathoracic Chemotherapy (HITHOC) for thymoma: a narrative review on indications and results

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Date: 17/03/2021

Your Name: Petrini Iacopo

Manuscript Title: Hypertermic Intrathoracic Chemotherapy (HITHOC) for thymoma: a narrative review on indications and results

Manuscript number (if known): ATM-20-6704

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## ICMJE DISCLOSURE FORM

Date: 17/03/2021

Your Name: Ambrogi Marcello Carlo

Manuscript Title: Hypertermic Intrathoracic Chemotherapy (HITHOC) for thymoma: a narrative review on indications and results

Manuscript number (if known): ATM-20-6704

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Date: 17/03/2021

Your Name: Lucchi Marco

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