ICMJE DISCLOSURE FORM

Date:	14/02/2023	
Your Name:	PARASKEVAS LYB	ERIS
	QUALITY ASSURANCE II	N THORACIC ONCOLOGY: THE SURGEON'S
Manuscript numb	per (if known):	PCM-22-10
In the interest of that are	transparency, we ask you to dis	close all relationships/activities/interests listed below
related to the cor third	ntent of your manuscript. "Relat	ed" means any relation with for-profit or not-for-profit
parties whose int	erests may be affected by the c	ontent of the manuscript. Disclosure represents a
	and does not necessarily indicat rity/interest, it is preferable that	e a bias. If you are in doubt about whether to list a you do so.
The following quo <u>current</u> <u>manuscript</u> <u>only</u> .	estions apply to the author's rela	ationships/activities/interests as they relate to the
pertains to the epidemiolo	ogy of hypertension, you should	ould be <u>defined broadly</u> . For example, if your manuscript declare all relationships with manufacturers of tion is not mentioned in the manuscript.
other items,	report all support for the work r disclosure is the past 36 mont	reported in this manuscript without time limit. For all hs.
	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)

Time frame: Since the initial planning of the work

Time frame: past 36 months

X_None

_X__

_None

All support for the

charges, etc.)

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

Grants or contracts from

any entity (if not indicated

	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
	-		
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary role in other board,	X_None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	_XNone	
	•		
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	_XNone	
DI	assa summariza tha aba	vo conflict of interest in	the following box:
FIG	ease summarize the abo	ve connict of interest if	Title following box.
Г			

Please place an "X" next to the following statement to indicate your agreement:
X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Da	ate:14/	/02/2023			
	our Name:FEDERICO FEMIA				
	anuscript Title: QUA ERSPECTIVE	ALITY ASSURANCE IN	THORACIC ONCOLOGY: THE SURGEON'S		
Ма	anuscript number (if know	/n):	PCM-22-10		
	the interest of transparen at are	cy, we ask you to disc	lose all relationships/activities/interests listed below		
rela thir	_	ur manuscript. "Relate	d" means any relation with for-profit or not-for-profit		
•	rties whose interests may mmitment	be affected by the co	ntent of the manuscript. Disclosure represents a		
	transparency and does no ationship/activity/interest		a bias. If you are in doubt about whether to list a ou do so.		
cur	e following questions app rrent anuscript only.	oly to the author's rela	tionships/activities/interests as they relate to the		
	e author's relationships/a	activities/interests sho	uld be <u>defined broadly</u> . For example, if your manuscr	ipt	
to t	the epidemiology of hype		eclare all relationships with manufacturers of on is not mentioned in the manuscript.		
oth	her items,		eported in this manuscript without time limit. For all		
tne	e time frame for disclosur	e is the past 36 month	S.		
		Name all entities with	Specifications/Comments		

			d)	
	Tir	me fran	ne: Since the initia	I planning of the work
pre fur stu wr ch	I support for the resent manuscript (e.g., anding, provision of udy materials, medical riting, article processing narges, etc.) time limit for this em.		None	

2	Grants or contracts from any entity (if not indicated in item #1 above).	X_	_None	
3	Royalties or licenses	X	None	
	Troyantics of nochises	^_	NONE	
4	Consulting fees	X_	_None	
_	D	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
5	Payment or honoraria for lectures, presentations,	X_	_None	
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	X_	_None	
	testimony			
7	Support for attending meetings and/or travel	X_	_None	
8	Patents planned, issued	_X_	_None	
	or pending			
9	Participation on a Data		None	
	Safety Monitoring Board or Advisory Board	^_	_INOTIE	
10	Leadership or fiduciary	_X	_None	
	role in other board,			
	society, committee or advocacy group, paid or unpaid			
11		_X	_None	
12	Receipt of equipment, materials, drugs, medical	_X_	_None	
	writing, gifts or other			
	services			
13	Other financial or non-	X_	_None	
	financial interests			
Ple	ease summarize the abo	ve co	nflict of interest i	n the following box:

Please place an "X" next to the following statement to indicate your agreement:
X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Da	ate:14/	/02/2023	
Yo	our Name:	_ENRICO RUFFINI	
PE	ERSPECTIVE	_	THORACIC ONCOLOGY: THE SURGEON'S
Ma	anuscript number (if know	n):	_ PCM-22-10
	the interest of transparent	cy, we ask you to disc	lose all relationships/activities/interests listed below
	lated to the content of you ird	ır manuscript. "Relate	d" means any relation with for-profit or not-for-profit
•	arties whose interests may ommitment	be affected by the co	ntent of the manuscript. Disclosure represents a
	transparency and does no lationship/activity/interest		a bias. If you are in doubt about whether to list a ou do so.
<u>cu</u>	ne following questions app urrent anuscript only.	ly to the author's relat	cionships/activities/interests as they relate to the
	ne author's relationships/a ertains	ctivities/interests sho	uld be <u>defined</u> <u>broadly</u> . For example, if your manuscript
to	the epidemiology of hyper	_	eclare all relationships with manufacturers of on is not mentioned in the manuscript.
oth	her items,		eported in this manuscript without time limit. For all
the	e time frame for disclosure	e is the past 36 month	S.
	1	Name all entities with	Specifications/Comments
			/

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Ti	me frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	_XNone	

	item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
0	,	V N	
3	Royalties or licenses	_XNone	
4	Consulting fees	X None	
	3 111		
5	Payment or honoraria for	_XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	_XNone	
	or pending		
9	Participation on a Data	X None	
	Safety Monitoring Board	XNOTIE	
	or Advisory Board		
10	Leadership or fiduciary	_XNone	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

F	Please summarize the above conflict of interest in the following box:				

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