Date: 18/04/2021
Your Name: Ricciardi Sara
Manuscript Title: WHICH SURGERY FOR GROUND GLASS OPACITY LUNG NODULES?
Manuscript number (if known):

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	_ XNone	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_ X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	_ X None	
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	x_	None	
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8	Patents planned, issued or	_ X	None	
	pending			
9	Participation on a Data	Х	None	
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	Х	None	
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	Х	None	
	·		_	
12	Receipt of equipment,	Х	None	
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	Х	None	
	financial interests	-~-		
Ple	ease summarize the above c	onflict	of interest in the fo	llowing box:
	None.			
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Manuscript Title: WHICH SURGERY FOR GROUND GLASS OPACITY LUNG NODULES?

Date: 18/04/2021

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Payment or honoraria for

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Your Name: Federico Davini

Manuscript number (if known):_

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	testimony			
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12	Receipt of equipment,	Х	None	
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	Х	None	
	financial interests	-^-		
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	None.			
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Date: 18/04/2021	
Your Name: Greta Alì	

Manuscript Title: WHICH SURGERY FOR GROUND GLASS OPACITY LUNG NODULES?

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4	Consulting fees	_ X None	
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	speakers bureaus,			
	manuscript writing or			
	educational events			
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	testimony			
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	pending			
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	Advisory Board			
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	in other board, society,			
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	group, paid or unpaid			
11	Stock or stock options	Х	None	
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12	Receipt of equipment,	Х	None	
	materials, drugs, medical			
	writing, gifts or other			
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13	Other financial or non-	Х	None	
	financial interests	-~-		
Ple	ease summarize the above c	onflict	of interest in the fo	llowing box:
	None.			
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Manuscript Title: WHICH SURGERY FOR GROUND GLASS OPACITY LUNG NODULES?

Date: 18/04/2021

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Your Name: Annalisa De Liperi

Ma	Manuscript number (if known):						
rel pa to	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.						
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>				
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,				
		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)				
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		Time frame: past	36 months				
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3	Royalties or licenses	XNone					
4	Consulting fees	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	x_	None	
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8	Patents planned, issued or	_ X	None	
	pending			
9	Participation on a Data	Х	None	
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	Х	None	
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	Х	None	
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12	Receipt of equipment,	Х	None	
	materials, drugs, medical			
	writing, gifts or other			
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13	Other financial or non-	Х	None	
	financial interests	-~-		
Ple	ease summarize the above c	onflict	of interest in the fo	llowing box:
	None.			
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Date: 18/04/2021

Your Name: Agnese Nesti Manuscript Title: WHICH SURGERY FOR GROUND GLASS OPACITY LUNG NODULES? Manuscript number (if known):
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
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		_ X _	None	
	testimony			
7	Support for attending meetings and/or travel	x_	None	
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8	Patents planned, issued or	_ X	None	
	pending			
9	Participation on a Data	Х	None	
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	Х	None	
	in other board, society,			
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11	Stock or stock options	Х	None	
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12	Receipt of equipment,	Х	None	
	materials, drugs, medical			
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13	Other financial or non-	Х	None	
	financial interests	-~-		
Ple	ease summarize the above c	onflict	of interest in the fo	llowing box:
	None.			
	None.			

Manuscript Title: WHICH SURGERY FOR GROUND GLASS OPACITY LUNG NODULES?

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None

_None

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Your Name: Carmelina C. Zirafa

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In t	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are						
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		Name all entities with	Specifications/Comments				
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)				
		Time frame: Since the initia	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 item.	XNone					
		Time frame: past	26 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	30 months —				
3	Royalties or licenses	_ X None					

	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6		_ X _	None	
	testimony			
7	Support for attending meetings and/or travel	x_	None	
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8	Patents planned, issued or	_ X	None	
	pending			
9	Participation on a Data	Х	None	
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	Х	None	
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	Х	None	
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12	Receipt of equipment,	Х	None	
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	Х	None	
	financial interests	-~-		
Ple	ease summarize the above c	onflict	of interest in the fo	llowing box:
	None.			
	None.			

Date: 18/04/2021

Your	r Name: Gaetano Romano	
Manu	nuscript Title: WHICH SURGERY FOR GROUND GLASS OPACITY LUNG NODULES	?
Manu	nuscript number (if known):	
relate partie to tra	ne interest of transparency, we ask you to disclose all relationships/activities/interests listed below ted to the content of your manuscript. "Related" means any relation with for-profit or not-for-proficies whose interests may be affected by the content of the manuscript. Disclosure represents a commansparency and does not necessarily indicate a bias. If you are in doubt about whether to list a tionship/activity/interest, it is preferable that you do so.	t third
	following questions apply to the author's relationships/activities/interests as they relate to the <u>cur</u> nuscript only.	<u>rent</u>
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	em #1 below, report all support for the work reported in this manuscript without time limit. For all time frame for disclosure is the past 36 months.	other items
	Name all authors with Constitution (Constitution (Constitu	
	Name all entities with Specifications/Comments	
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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		_ X _	None	
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7	Support for attending meetings and/or travel	x_	None	
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8	Patents planned, issued or	_ X	None	
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9	Participation on a Data	Х	None	
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	Х	None	
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11	Stock or stock options	Х	None	
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13	Other financial or non-	Х	None	
	financial interests	-~-		
Ple	ease summarize the above c	onflict	of interest in the fo	llowing box:
	None.			
	None.			

Manuscript Title: WHICH SURGERY FOR GROUND GLASS OPACITY LUNG NODULES?

Date: 18/04/2021

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X

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None

Your Name: Gabriella Fontanini

Manuscript number (if known):							
rela par to	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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tne	time frame for disclosure i						
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	lectures, presentations,			
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8	Patents planned, issued or	_ X	None	
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	financial interests	-~-		
Ple	ease summarize the above c	onflict	of interest in the fo	llowing box:
	None.			
	None.			

Date: 18/04/2021

Your Name: Franca M. A. Melfi

medical writing, article processing charges, etc.)

No time limit for this item.

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

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Payment or honoraria for

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Time frame: past 36 months

	iectures, presentations,		
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	manuscript writing or		
	educational events		
6	Payment for expert	_ X None	
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7	Support for attending meetings and/or travel	X None	
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13	Other financial or non-	_ X None	
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