

## ICMJE DISCLOSURE FORM

Date: 17<sup>TH</sup> MAY 2021  
 Your Name: ANNA MARIA IERARDI  
 Manuscript Title: Pulmonary metastases management by non-surgical local techniques  
 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.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 17<sup>TH</sup> MAY 2021  
 Your Name: ALDO CARNEVALE  
 Manuscript Title: Pulmonary metastases management by non-surgical local techniques  
 Manuscript number (if known): \_\_\_\_\_

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Date: 17<sup>TH</sup> MAY 2021  
 Your Name: SERENA CHIARELLO  
 Manuscript Title: Pulmonary metastases management by non-surgical local techniques  
 Manuscript number (if known): \_\_\_\_\_

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Date: 17<sup>TH</sup> MAY 2021

Your Name: ALESSANDRO PALLESCHI

Manuscript Title: Pulmonary metastases management by non-surgical local techniques

Manuscript number (if known): \_\_\_\_\_

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Date: 17<sup>TH</sup> MAY 2021  
 Your Name: DAVIDE TOSI  
 Manuscript Title: Pulmonary metastases management by non-surgical local techniques  
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