

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

DUILIO

2. Surname (Last Name)

DIVISI

3. Date

10-May-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

LOBECTOMY OR SUBLOBAR RESECTION? COMPARATIVE ANALYSIS OF THE TECHNIQUES IN THE SURGICAL TREATMENT OF NON-SMALL CELL LUNG CANCER

6. Manuscript Identifying Number (if you know it)

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Dr. DIVISI has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
ANDREA

2. Surname (Last Name)
DE VICO

3. Date
10-May-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
DUILIO DIVISI

5. Manuscript Title
LOBECTOMY OR SUBLOBAR RESECTION? COMPARATIVE ANALYSIS OF THE TECHNIQUES IN THE SURGICAL TREATMENT OF NON-SMALL CELL LUNG CANCER

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1. Given Name (First Name)
PIERO

2. Surname (Last Name)
AQUILINI

3. Date
10-May-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
DUILIO DIVISI

5. Manuscript Title
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GINO

2. Surname (Last Name)
ZACCAGNA

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10-May-2021

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Yes No

Corresponding Author's Name
DUILIO DIVISI

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