

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Maria

2. Surname (Last Name)

Cattoni

3. Date

11-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Nicola Rotolo

5. Manuscript Title

Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax

6. Manuscript Identifying Number (if you know it)

JTD-20-2860

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Cattoni has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Nicola

2. Surname (Last Name)

Rotolo

3. Date

11-November-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax

6. Manuscript Identifying Number (if you know it)

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Dr. Rotolo has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Maria Giovanna	2. Surname (Last Name) Mastromarino	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicola Rotolo
5. Manuscript Title Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax		
6. Manuscript Identifying Number (if you know it) JTD-20-2860		

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Dr. Mastromarino has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Giuseppe

2. Surname (Last Name)

Cardillo

3. Date

11-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Nicola Rotolo

5. Manuscript Title

Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax

6. Manuscript Identifying Number (if you know it)

JTD-20-2860

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Are there any relevant conflicts of interest?

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No

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Yes

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Dr. Cardillo has nothing to disclose.

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1. Given Name (First Name) Mario	2. Surname (Last Name) Nosotti	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicola Rotolo
5. Manuscript Title Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax		
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Dr. Nosotti has nothing to disclose.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Paolo

2. Surname (Last Name)

Mendogni

3. Date

11-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Nicola Rotolo

5. Manuscript Title

Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax

6. Manuscript Identifying Number (if you know it)

JTD-20-2860

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Mendogni has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Alessandro	2. Surname (Last Name) Rizzi	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicola Rotolo
5. Manuscript Title Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax		
6. Manuscript Identifying Number (if you know it) JTD-20-2860		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Rizzi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Federico

2. Surname (Last Name)

Raveglia

3. Date

11-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Nicola Rotolo

5. Manuscript Title

Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax

6. Manuscript Identifying Number (if you know it)

JTD-20-2860

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Dr. Raveglia has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Alessandra	2. Surname (Last Name) Siciliani	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicola Rotolo
5. Manuscript Title Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax		
6. Manuscript Identifying Number (if you know it) JTD-20-2860		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Siciliani has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Erino Angelo	2. Surname (Last Name) Rendina	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicola Rotolo
5. Manuscript Title Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax		
6. Manuscript Identifying Number (if you know it) JTD-20-2860		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Rendina has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Lucio	2. Surname (Last Name) Cagini	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicola Rotolo
5. Manuscript Title Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax		
6. Manuscript Identifying Number (if you know it) JTD-20-2860		

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Cagini has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Alberto	2. Surname (Last Name) Matricardi	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicola Rotolo
5. Manuscript Title Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax		
6. Manuscript Identifying Number (if you know it) JTD-20-2860		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Matricardi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Pier Luigi

2. Surname (Last Name)

Filosso

3. Date

11-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Nicola Rotolo

5. Manuscript Title

Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax

6. Manuscript Identifying Number (if you know it)

JTD-20-2860

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

Yes

No

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Are there any relevant conflicts of interest?

Yes

No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Filosso has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Erika

2. Surname (Last Name)

Passone

3. Date

11-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Nicola Rotolo

5. Manuscript Title

Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax

6. Manuscript Identifying Number (if you know it)

JTD-20-2860

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

Yes

No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

Yes

No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

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Dr. Passone has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Stefano	2. Surname (Last Name) Margaritora	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicola Rotolo
5. Manuscript Title Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax		
6. Manuscript Identifying Number (if you know it) JTD-20-2860		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

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Dr. Margaritora has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Maria Letizia	2. Surname (Last Name) Vita	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicola Rotolo
5. Manuscript Title Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax		
6. Manuscript Identifying Number (if you know it) JTD-20-2860		

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Dr. Vita has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Pietro

2. Surname (Last Name)

Bertoglio

3. Date

11-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Nicola Rotolo

5. Manuscript Title

Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax

6. Manuscript Identifying Number (if you know it)

JTD-20-2860

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andrea	2. Surname (Last Name) Viti	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicola Rotolo
5. Manuscript Title Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax		
6. Manuscript Identifying Number (if you know it) JTD-20-2860		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Viti has nothing to disclose.

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1. Given Name (First Name)

Lorenzo

2. Surname (Last Name)

Dominioni

3. Date

11-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Nicola Rotolo

5. Manuscript Title

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Dr. Dominioni has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andrea	2. Surname (Last Name) Imperatori	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicola Rotolo
5. Manuscript Title Chronic chest pain and paresthesia after video-assisted thoracoscopy for primary pneumothorax		
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