ICMJE DISCLOSURE FORM

Date:	27.08.2022	
Your Name:	Patrick Zardo_	
Manuscript Title	: Do we still need	Thoracic Epidural Analgesia in Minimally Invasive LungSurgery?
Manuscript num	ber (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</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	x_None	
2	Grants or contracts from any entity (if not indicated	Time frame: pastx_None	36 months
	in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

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 or	_xNone						
	pending							
9	Participation on a Data	xNone						
	Safety Monitoring Board or							
	Advisory Board							
10	Leadership or fiduciary role	_xNone						
	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-	x_None						
	financial interests							
Please summarize the above conflict of interest in the following box:								
N	None							

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.