Date:	2/9/2022
Your Name:	Giuseppe Cardillo
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Click or tap here to enter text.

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 author's relationships/activities/interests should be defined broadly. 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.

		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)
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.	Time frame: Since the initial planning  None	of the work  Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None None	

			os/Comments (e.g., if payments were or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	Image: square of the square o	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	Image: square of the square o	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Advisory Board by BD	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		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)	
11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	ent, s, drugs, writing,		
13	Other financial or non-financial interests  None  None			
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	8/2/2022
Your Name:	Mario Nosotti
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Click or tap here to enter text.

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	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	Click the tab key to add additional rows.
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None	
3	Royalties or licenses	X	None	

		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)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None  Bard Limited	Payment to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

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)					
options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  None  None  None		Specifications/Comments (e.g., if payments were made to you or to your institution)			
equipment, materials, drugs, medical writing, gifts or other services  None  None	11				
non-financial	12	equipment, materials, drugs, medical writing, gifts or other			
non-financial					
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.					

3 12/13/2021 ICMJE Disclosure Form

Date:	2/8/2022
Your Name:	Marco Scarci
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	J&J, Medtronic and Medela speakers fee	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	BD for this study	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	ESTS board of directors	

		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)	
11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	ent, s, drugs, writing,		
13	Other financial or non-financial interests  None  None			
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	10/02/2022.
Your Name:	TORRE MASSIMO M.D. CHAIR OF THORACIC SURGERY DIVISION G.O.M. NIIGUARDA MILAN ITALY
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Click or tap here to enter text.

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			e all entities with whom you have this ionship 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 initial 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.	X	None	Click the tab key to add additional rows.
			Time frame: past 36 month	IS .
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None	
3	Royalties or licenses	X	None	

		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)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	ADVISORY BOARD BY BD	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	X	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X	None	
13	Other financial or non-financial interests	X	None	

Mul our

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.

Date:	3/17/2022
Your Name:	Marco Alloisio
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable

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		Time frame: Since the initial planning of	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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

Date:	3/1/2022
Your Name:	MAURO ROBERTO BENVENUTI
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable

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The author's relationships/activities/interests should be defined broadly. 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.

		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 initial planning	of the work
	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.  Grants or	None   Time frame: past 36 month   None	Click the tab key to add additional rows.
	contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

Date:		Click or tap to enter a date.	4-MAR-2022		
Your Name:		Click or tap here to enter text.	ALESSANDRO BE	RTANI	
Manuscript Title:			AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY		
M	anuscript Number (if kno	own): Not applicable			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt."  The author's relationships/activitic epidemiology of hypertension, you		ncy, we ask you to disclose all relationships t. "Related" means any relation with for-prothe manuscript. Disclosure represents a control doubt about whether to list a relationship activities/interests should be defined broadion, you should declare all relationships wit tioned in the manuscript.	ofit or not-for-profit third parties mmitment to transparency and c /activity/interest, it is preferable ly. For example, if your manusc	s whose interests may be loes not necessarily that you do so. ript pertains to the	
In i		support for the work reported in this manu	script without time limit. For all	other items, the time	
	ľ	ame all entities with whom you have this lationship or indicate none (add rows as n		ents (e.g., if payments were r institution)	
		Time frame: Since the initial p	lamaina af sharrant.		
		Time name: Since the initial p	lanning of the work		
The state of the s	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.	None	anning of the work		
<b>4.4</b>	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for				
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None			

		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)
4	Consulting fees	None	
5	manuscript writing or		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:     Control   Co		

Date:	3/2/2022
Your Name:	Lucio cagini
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable

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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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date: 15/03/2022

Your Name: Casablanca Giuseppe

Manuscript Title: PERDITE AEREE E SANGUINAMENTI INTRAOPERATORI IN CHIRURGIA TORACICA: CONSENSUS DELPHI TRA I MEMBRI DELLA SOCIETÀ ITALIANA DI CHIRURGIA TORACICA

### Manuscript Number (if known):

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Time	frame: Since the initial planning of the	work
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	Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None

	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)
3	Royalties or licenses	None
4	Consulting fees	None

	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)	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	

	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)	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	

	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)
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Membro del Coordinamento per la rete oncologica Siciliana; Decreto Assessore alla Salute Regione Sicilia. (unpaid)

	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)	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	

	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)	
13	Other financial or non-financial interests	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			İ

form. X

Date:	4/4/2022
Your Name:	Giorgio Cavallesco
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable

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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.		None  Time frame, seet 26 month	Click the tab key to add additional rows.
		f 1	Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		xNone	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	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.			

14-03-22

Date:

Your Name:  Manuscript Title:  Manuscript Number (if known):			Cherchi Roberto  AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY  Not applicable		
		f			
rela par tra	ated to the content ties whose interest	of your is s may be not nece	manuscript. "Related" means any relati affected by the content of the manuscr essarily indicate a bias. If you are in do	activities/interests listed below that are fon with for-profit or not-for-profit third lipt. Disclosure represents a commitment to list a relationship/	
the	epidemiology of hy	,pertensi	vities/interests should be defined broad on, you should declare all relationships ation is not mentioned in the manuscrip		
			port for the work reported in this manus the past 36 months.	script without time limit. For all other items,	
			l entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	·		Time frame: Since the initial plannin	g of the work	
	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.		None  Click the tab key to add additional rows.		
			Time frame: past 36 mon	ths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	□х	None		
3	Royalties or licenses	□Х	None		

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		Name of relation	all entities with whom you have this nship or indicate none (add rows as d)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□х	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□х	None	
6	Payment for expert testimony	□x	None	
7	Support for attending meetings and/or travel	□х	None	
8	Patents planned, issued or pending	□х	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□х	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□х	None	

2 12/13/2021 ICMJE Disclosure Form

			all entities with whom you have this onship or indicate none (add rows as d)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	□х	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□х	None	
13	Other financial or non-financial interests	X	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.

3 12/13/2021 ICMJE Disclosure Form

Date:	3/15/2022
Your Name:	Pierfilippo Crucitti
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable

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 author's relationships/activities/interests should be defined broadly. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments we made to you or to your institution)		
			Time frame: Since the initial 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.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	3/3/2022
Your Name:	Carlo Curcio
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub! The author's relationships/activities	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if 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.	

			Il entities with whom you have this ship 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 initial 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.	X N	lone	Click the tab key to add additional rows.
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	X N	lone	
3	Royalties or licenses	X N	lone	

		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)
4	Consulting fees	□X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None X	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[X	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[X ]	None	
13	Other financial or non-financial interests	X X	None	
Plea X ⊠			following statement to indicate your agreement your agree	

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Click or tap to enter a date.

Manuscript Title:	AIR LEAK AND INTRAOPERATIV AMONG THE MEMBERS OF ITA	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY		
Manuscript Number (if I	nown): Not applicable			
ontent of your manuscr ffected by the content of bias. If you are in doub	ipt. "Related" means any relation with for of the manuscript. Disclosure represents a st about whether to list a relationship/act	hips/activities/interests listed below that are related to the r-profit or not-for-profit third parties whose interests may be commitment to transparency and does not necessarily indicate introduction. It is preferable that you do so.		
oldemiology of hyperter	nsion, you should declare all relationships	s with manufacturers of antihypertensive medication, even if		
at medication is not m	entioned in the manuscript.			
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	Name all entities with whom you have relationship or indicate none (add rows			
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4	Consulting fees	None	
5	Fayment or honoraria for lectures, presentations, sociates bureaus, manuscript writing or educational events.	M None	
1	Payment for expert testimony	M None	
2	Support for	None	
	incetings and/or travel		
8	Patents planned, issued or pending	None	
	Participation on a Data Safety Monitoring Board or Advisory Board	& None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Mone None	

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		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:			3/1/2022		
Your Name:			Andrea Droghetti		
Manuscript Title:			AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY		
Ma	nuscript Number (if k	nown):	Not applicable		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
-	demiology of hyperter t medication is not me	-		cturers of antihypertensive medication, even if	
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			ll entities with whom you have this ship 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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	article processing charges, etc.) No time limit for this item.				
			Time frame: past 36 mon	ths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[_] N	lone		
3	Royalties or licenses	[_] N	one		

		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)
4	Consulting fees	[□] None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	
6	Payment for expert testimony	[□] None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	[□] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[□] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[□] None	

		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)
11	Stock or stock options	[□] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[□] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	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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3/30/2022
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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 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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		Name all entitles 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 initial planning	of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this Specifications/Comments (e.g., if payments were made to you or to your institution)
	Consulting fees	⊠ None
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	Payment or	⊠ None
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	presentations,	
	speakers bureaus,	
	manuscript	
	writing or educational	
	events	
5	Payment for	None
	expert testimony	
7	Support for	None None
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	meetings and/or travel	
		None Name
8	Patents planned issued or	d, None
	pending	
9	Participation o	n 🛛 None
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No. of Persons	Advisory Board	
	10 Leadership or	
	fiduciary role other board,	
	society,	
	committee or advocacy gro	
	paid or unpai	d

		Name all entitles 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)
	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	



Date:	3/1/2022
Your Name:	Imperatori Andrea
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable

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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Member of Editorial Board of the "Monaldi Archives for Chest Disease" (ISSN 2532-5264) Member of Editorial Board of the Journal Video-Assisted Thoracic Surgery (VATS) (ISSN: 2519-0792)	Unpaid Unpaid

		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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea 🖂	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.			

01.03.2022

Maurizio V. Infante

Manuscript Title:			AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY		
Man	nuscript Number (if k	(nown):	Not applicable		
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			Il entities with whom you have this ship 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 initial planning	of the work	
	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.	⊠ N	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	is .	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X N	one		
3	Royalties or licenses	x N	one		

Date:

Your Name:

		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)
4	Consulting fees	x□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x None	

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	⊠ None	
Plea:	lease 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.		

Date:	3/1/2022
Your Name:	MARCO LUCCHI
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable

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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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	3/1/2022
Your Name:	Paolo Macri'
Manuscript Title:	[AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY ]
Manuscript Number (if known):	Not applicable

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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	3/10/2022  Giuseppe Marulli	
Your Name:		
Manuscript Title:	[AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY ]	
Manuscript Number (if known):	Not applicable	
content of your manuscript. "Rel affected by the content of the ma	re ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so.	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

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4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:  \[ \sum \] I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Dr. Giuseppe Marulli

AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY

AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS

3/3/2022

GIULIO MELLONI

Date:

Your Name:

Manuscript Title:

Manuscript Number (if known): Not applicable

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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.	S None	Selection of the Control of the Cont
П		Time frame: past 36 mor	nths.
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

12/13/2021

KOMUE Disclosure Form

		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)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	), None	
7	Support for attending meetings and/or travel	X None	
	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

		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)
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	∅ None	

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ASO SOI CURED - A.O.S. CROCK + CARLE S.C. CHRISTON TOPACICA - 13 DIRECTFORE Dr. Gladio MELLONI 01501 G.M.

Date:	3/1/2022
Your Name:	Massimiliano Paci
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable

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 author's relationships/activities/interests should be defined broadly. 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.

			e all entities with whom you have this onship 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 initial planning of the work			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.		None	Click the tab key to add additional rows.
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:	4/14/2022
Your Name:	Piero Paladini
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable

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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.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	3/8/2022
Your Name:	Gian Luca Pariscenti
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable

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			e all entities with whom you have this onship 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 initial 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.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

ji		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Councilor of the Italian Thoracic Surgery Society 2021-2023 Scientific coordinator Pulmonary Nodule Recommendations Group PNR of Italian Thoracic Surgery Society 2021-2023	unpaid unpaid

		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)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date: Your Name: Manuscript Title: Manuscript Number (if known):		3/18/2022			
		Enrico Potenza			
		AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSI AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY		
		nown): Not applicable			
conf affe	tent of your manuscr cted by the content	irency, we ask you to disclose all relationships/activities/interests listed below that are related to to ipt. "Related" means any relation with for-profit or not-for-profit third parties whose interests man of the manuscript. Disclosure represents a commitment to transparency and does not necessarily into about whether to list a relationship/activity/interest, it is preferable that you do so.	y be		
pic	lemiology of hyperte	os/activities/interests should be defined broadly. For example, if your manuscript pertains to the nsion, you should declare all relationships with manufacturers of antihypertensive medication, eventioned in the manuscript.	en if		
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.	ne		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if paym made to you or to your institution)	ents wer		
		Time frame: Since the initial 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.	None  Click the tab key to add additional rows			
		Time frame: past 36 months			
2	Grants or contracts from	None			
	any entity (if not indicated in item #1 above).				
3	Royalties or licenses	None			

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	•	None  It to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	3/16/2022
Your Name:	Federico Rea
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable

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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		Time frame: Since the initial 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Date:	3/2/2022
Your Name:	Majed Refai
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable

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		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 initial 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.	☑ None	
			Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠  None	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned issued or pending	, None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
1	Leadership or fiduciary role in other board, society, committee or advocacy group paid or unpaid		

		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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None		
13	Other financial or non-financial interests	None None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:		03/15/2022			
Your Name:		Ottavio RENA, MD, PhD			
Ma	nuscript Title:		AIR LEAK AND INTRAOPERATIV		N THORACIC SURGERY: A DELPHI CONSENSUS OF THORACIC SURGERY
Ma	nuscript Number (if k	(nown):	Not applicable		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the man a bias. If you are in doubt about we the author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned."		ipt. "Rela of the man of about w os/activitionsion, you entioned	eask you to disclose all relationships/activities/interests listed below that are related to the lited" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily indicate whether to list a relationship/activity/interest, it is preferable that you do so.  Pes/interests should be defined broadly. For example, if your manuscript pertains to the ushould declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.  Pet for the work reported in this manuscript without time limit. For all other items, the time		
			l entities with whom you have t ship or indicate none (add rows	10000	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the ini	tial planning o	f the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	⊠ No	one		Clid: the tab key to add additional rows.
	charges, etc.) No time limit for				
	this item.				
		8 W .	Time frame: pa	ast 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	χ No	one		
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8			ne all entities with whom you have this tionship or indicate none (add rows as ded)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X	None	
6	Payment for expert testimony	X	None	
7	Support for attending meetings and/or travel	X	None	
8	Patents planned, issued or pending	X	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X	None	

		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)
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	χ None	
13	Other financial or non-financial interests	⊠ 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.

3 12/13/2021 ICMJE Disclosure Form

Date:	2/28/2022
Your Name:	Sara Ricciardi
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable

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		e all entities with whom you have this onship 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 initial 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.	None	Click the tab key to add additional rows.
	ı	Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	Click or tap to enter a date. 14 4 2022
Your Name:	Click or tap here to enter text. Rusca Michael
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable

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		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)
	Mark Control	Time frame: Since the initial 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.	⊠ None	Click the tab key to add additional rows.
		Time frame: past 36 mont	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	3/30/2022
Your Name:	Francesco Sollitto
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicable

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	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.		

Click or tap to enter a date.

Date:

Your Name:			Click or tap here to enter text.		De	MARCO	TAURCHINI
Manuscript Title:			AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY				
Ma	nuscript Number (if k	(nown):	Not applicable				
or affer ind	tent of your manuscreated by the content of icate a bias. If you are author's relationship demiology of hypertent medication is not medication is not medication.	ript. "Related of the made in double ps/activitiension, you nentioned all supports	ort for the work reported in this ma	profit or no commitment hip/activity/ badly. For exwith manufa	t-for-profit thing to transpare interest, it is per transpare in the contract of anti-	rd parties who ncy and does r preferable that r manuscript p ihypertensive r	se interests may be not necessarily you do so. ertains to the medication, even if
			ll entities with whom you have th ship or indicate none (add rows a	3.197/		s/Comments ( or to your inst	e.g., if payments were titution)
			Time frame: Since the initi	al planning o	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.		one		Click the tab key	to add additional	I:W/S
			Time frame: pa	st 36 month	is		
2	Grants or contracts from any entity (if not indicated in item #1 above).	M N	one				
3	Royalties or licenses	X N	one				
1			12/13/2	2021		Scann	ICMJE Disclosure Form

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	2 None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

12/13/2021

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		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)
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
Plea		et to the following statement to indicate your agreement your agre	

Meurs -

Date:			3/4/2022			
Your Name:			Terzi Alberto			
Manuscript Title:			AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY			
Mai	nuscript Number (if k	nown):	Not applicable			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		pt. "Relation of the made in doub of s/activitinsion, yo	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily at about whether to list a relationship/activity/interest, it is preferable that you do so.  dies/interests should be defined broadly. For example, if your manuscript pertains to the bu should declare all relationships with manufacturers of antihypertensive medication, even if lin the manuscript.			
In item #1 below, report all support frame for disclosure is the past 36			ort for the work reported in this manuscript with months.	hout time limit. For all other items, the time		
			all entities with whom you have this as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning o	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.		None	Click the tab key to add additional rows.		
			Time frame: past 36 month:	S		
2	Grants or contracts from any entity (if not indicated in item #1 above).	X N	None			
3	Royalties or licenses	X  N	None			

		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)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	[X]	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[X]	None		
13	Other financial or non-financial interests		None		
Plea [⊠]	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.				

3 12/13/2021 ICMJE Disclosure Form

Date:	3/3/2022
Your Name:	LUCA VOLTOLINI
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Not applicableAIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHICONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY

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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		e all entities with whom you have this onship 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 initial 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.	None	Click the tab key to add additional rows.	
		Time frame: past 36 month	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	ase place an "X" next	to the following statement to indicate your agreemer	nt:

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

Lue biltoli

Date:	2/9/2022
Your Name:	Roberto Crisci
Manuscript Title:	AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY
Manuscript Number (if known):	Click or tap here to enter text.

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 author's relationships/activities/interests should be defined broadly. 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.

			ntities with whom you have this o or indicate none (add rows as needed)	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.	⊠  None	Time frame: Since the initial planning	Of the work  Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments we made to you or to your institution)	ere
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Advisory Board by BD	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None  None	

		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)			
11	Stock or stock options	[⊠] None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None				
13	Other financial or non-financial interests	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.						