

ICMJE DISCLOSURE FORM

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.

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ICMJE DISCLOSURE FORM

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

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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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ICMJE DISCLOSURE FORM

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

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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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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.

ICMJE DISCLOSURE 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

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.

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.

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Time frame: Since the initial planning of the work								
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	Click the tab key to add additional rows.							
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.

ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date. 7-MAR-2022

Your Name: Click or tap here to enter text. ALESSANDRO BERTANI

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.

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.



ICMJE DISCLOSURE FORM

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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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.

ICMJE DISCLOSURE 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):

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: 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

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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

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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. X

ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

Date:	14-03-22
Your Name:	Cherchi Roberto
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: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None
3	Royalties or licenses	<input type="checkbox"/> 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	<input type="checkbox"/> x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> x None	
6	Payment for expert testimony	<input type="checkbox"/> x None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> x None	
8	Patents planned, issued or pending	<input type="checkbox"/> x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> x None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> x None	

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11	Stock or stock options	<input type="checkbox"/> x None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> x None	
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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

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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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.

ICMJE DISCLOSURE 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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <input type="checkbox"/>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/>	

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ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date.

Your Name: Click or tap here to enter text. ANDREA DENEGRI

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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6 Payment for expert testimony	<input checked="" type="checkbox"/> None	
7 Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8 Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9 Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	


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ICMJE DISCLOSURE 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]

Manuscript Number (if known): Not applicable

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Audrey Dwyer

2ICMJE DISCLOSURE FORM

Date: 3/30/2022

Your Name: Guggino Gianluca

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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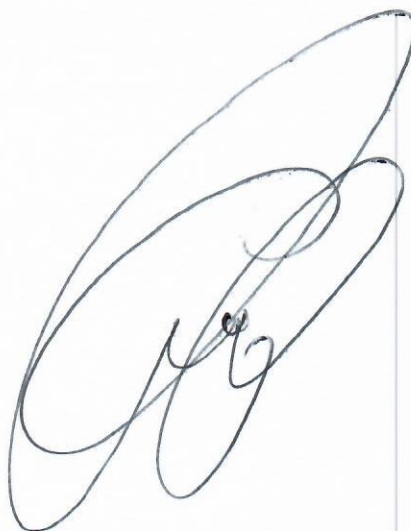
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ICMJE DISCLOSURE FORM

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

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr> <td>Member of Editorial Board of the "Monaldi Archives for Chest Disease" (ISSN 2532-5264)</td> <td>Unpaid</td> </tr> <tr> <td>Member of Editorial Board of the Journal Video-Assisted Thoracic Surgery (VATS) (ISSN: 2519-0792)</td> <td>Unpaid</td> </tr> </table>			Member of Editorial Board of the "Monaldi Archives for Chest Disease" (ISSN 2532-5264)	Unpaid	Member of Editorial Board of the Journal Video-Assisted Thoracic Surgery (VATS) (ISSN: 2519-0792)	Unpaid			
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.

ICMJE DISCLOSURE FORM

Date: 01.03.2022

Your Name: 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

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.

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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

Date: 3/10/2022

Your Name: [Giuseppe Marulli]

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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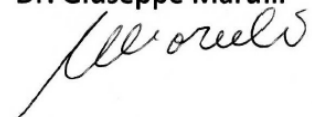
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Dr. Giuseppe Marulli


ICMJE DISCLOSURE FORM

Date: 3/3/2022

Your Name: GIULIO MELLONI

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 the work		
1	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
Time frame: past 36 months		
2	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
3	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	

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

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Wille

REGIONE PIEMONTE
ASO BOI CUNEO - A.O.S. CROCE + CARLE
S.C. CHIRURGIA TORACICA - T3
DIRETTORE
Dr. Giulio MELLONI
01501 G.M.

ICMJE DISCLOSURE FORM

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

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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

Date: 3/18/2022

Your Name: Enrico Potenza

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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ICMJE DISCLOSURE FORM

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

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Time frame: past 36 months								
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.

ICMJE DISCLOSURE FORM

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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Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
3	Royalties or licenses	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 03/15/2022

Your Name: Ottavio RENA, MD, PhD

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 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	

		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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="359 443 1497 584"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="359 667 1497 772"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="359 1014 1497 1120"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="359 1209 1497 1314"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="359 1406 1497 1512"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="359 1603 1497 1709"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="359 1794 1497 1899"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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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ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date. 14/4/2022

Your Name: Click or tap here to enter text. RUSCA MICHAELA

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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4	Consulting fees	<input type="checkbox"/> None <table border="1" data-bbox="376 344 1492 479"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="376 564 1492 663"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input type="checkbox"/> None <table border="1" data-bbox="376 898 1492 996"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" data-bbox="376 1111 1492 1209"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1" data-bbox="376 1323 1492 1422"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" data-bbox="376 1536 1492 1635"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date. 01 / 03 / 2022

Your Name: Click or tap here to enter text. Dr MARCO TAURCHINI

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 months		
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[Handwritten Signature]

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[Handwritten signature]

ICMJE DISCLOSURE FORM

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

Manuscript Number (if known): Not applicable

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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 applicable
AIR LEAK AND INTRAOPERATIVE BLEEDING IN THORACIC SURGERY: A DELPHI CONSENSUS AMONG THE MEMBERS OF ITALIAN SOCIETY OF THORACIC SURGERY

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ICMJE DISCLOSURE FORM

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.](#)

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