

ICMJJE DISCLOSURE FORM

Date: 13/07/2022

Your Name: PIERGIORGIO MURIANA

Manuscript Title: PROLONGED AIR LEAK AFTER ROBOTIC LUNG RESECTION: A NARRATIVE REVIEW

Manuscript number (if known): JTD-22-818-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	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	
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	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

Please summarize the above conflict of interest in the following box:

None declared

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 X 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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Date: 13/07/2022

Your Name: FRANCESCA ROSSETTI

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Date: 13/07/2022

Your Name: STEFANO VISCARDI

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Date: 13/07/2022

Your Name: PIERLUIGI NOVELLIS

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Date: 13/07/2022

Your Name: GIULIA VERONESI

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		Intuitive Surgical Inc	Grant
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	AIRC	Grant
		Ministry of Health	Grants
		INAIL	Grant
3	Royalties or licenses	None	
4	Consulting fees	AB Medica SpA	Consultant

		Medtronic	Consultant
		Johnson & Johnson	Consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
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GV received grants from Umberto Veronesi Foundation, Intuitive Surgical Inc, AIRC, Italian Ministry of Health and Inail. She is a consultant for Ab Medica SpA, Medtronic and Johnson & Johnson.

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