

ICMJE DISCLOSURE FORM

Date: 12/07/2023

Your Name: Maria Teresa Congedo

Manuscript Title: **The genetic susceptibility in the development of malignant pleural mesothelioma: somatic and germline variants, clinicopathological features and implication in practical medical/surgical care: a narrative review.**

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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Date: 12/07/2023

Your Name: Elizabeth Casey West

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Date: 12/07/2023

Your Name: Jessica Evangelista

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Your Name: Aubrey Anne Mattingly

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Your Name: Giuseppe Calabrese

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Date: 12/07/2023

Your Name: Carolina Sassorossi

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Your Name: Adriana Nocera

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Your Name: Marco Chiappetta

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Your Name: Ludovico Abenavoli

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Your Name: Stefano Margaritora

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Date: 12/07/2023

Your Name: Luigi Boccuto

Manuscript Title: **The genetic susceptibility in the development of malignant pleural mesothelioma: somatic and germline variants, clinicopathological features and implication in practical medical/surgical care: a narrative review.**

Manuscript number (if known): _____

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3	Royalties or licenses	None	

4	Consulting fees	<u> </u> 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

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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Date: 12/07/2023

Your Name: Filippo Lococo

Manuscript Title: **The genetic susceptibility in the development of malignant pleural mesothelioma: somatic and germline variants, clinicopathological features and implication in practical medical/surgical care: a narrative review.**

Manuscript number (if known): _____

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