## ICMJE DISCLOSURE FORM

Date:9/11/2021
Your Name: Paolo Nicola Camillo Girotti
Manuscript Title:_ Editorial on: Are we achieving ultimative limits of the minimally invasive thoracic
surgery?
Manuscript number (if known): TLCR-21-748

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

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	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.	_xNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	_xNone	
4	Consulting fees	xNone	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attendingxNone	
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meetings and/or travel	
Patents planned, issued orxNone	
pending	
Participation on a Data x None	
Safety Monitoring Board or	
Advisory Board	
0 Leadership or fiduciary role _xNone	
in other board, society,	
committee or advocacy	
group, paid or unpaid	
1 Stock or stock options _xNone	
2 Receipt of equipment, <u>x</u> None	
materials, drugs, medical	
writing, gifts or other	
services	
3 Other financial or nonxNone	
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