

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Federico	2. Surname (Last Name) Raveglia	3. Date 21-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marco Scarci
5. Manuscript Title VATS thymectomy: oncological results and comparison between minimally invasive strategies		
6. Manuscript Identifying Number (if you know it) SHC-2017-MITOS-01		

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Dr. Raveglia has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Luca

2. Surname (Last Name)

Bertolaccini

3. Date

21-December-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Marco Scarci

5. Manuscript Title

VATS thymectomy: oncological results and comparison between minimally invasive strategies

6. Manuscript Identifying Number (if you know it)

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Dr. Bertolaccini has nothing to disclose.

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1. Given Name (First Name) Piergiorgio	2. Surname (Last Name) Solli	3. Date 21-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marco Scarci
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1. Given Name (First Name)  
Fabrizio

2. Surname (Last Name)  
Minervini

3. Date  
21-December-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Marco Scarci

5. Manuscript Title

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Marco

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Scarci

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21-December-2017

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6. Manuscript Identifying Number (if you know it)  
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