

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your

Zanfrini 1



| Section 1.  | Identifying Inform                 | ation                 |                                |              |                             |
|---|------------------------------------|-----------------------|--------------------------------|--------------|-----------------------------|
| 1. Given Name (Fii<br>Edoardo   | rst Name)                          | 2. Surnam<br>Zanfrini | e (Last Name)                  |              | 3. Date<br>28-December-2018 |
| 4. Are you the cor  | responding author?                 | ✓ Yes                 | No                             |              |                             |
| 5. Manuscript Title<br>Treatment of esc   |                                    | uniportal vi          | deo-assisted thoracoscopic su  | urgery       |                             |
| 6. Manuscript Ider  | ntifying Number (if you kn<br>S-04 | ow it)                |                                |              |                             |
|   | ı                                  |                       |                                |              |                             |
| Section 2.  | The Work Under Co                  | onsiderati            | ion for Publication            |              |                             |
| Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  Vo   |                                    |                       |                                |              |                             |
| Section 3.  | Dolovant financial                 | a etiviti a e         | outside the submitted wa       | oule         |                             |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo |                                    |                       |                                |              |                             |
| Section 4.  | Intellectual Proper                | ty Pa <u>te</u> i     | nts & Copyrights               |              |                             |
| Do you have any   |                                    |                       | ng or issued, broadly relevant | to the work? | ?                           |

Zanfrini 2



| Section 5. Relationships not covered above   |
|--|
| kelationships not covered above  |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?  |
| Yes, the following relationships/conditions/circumstances are present (explain below):   |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest  |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. Disclosure Statement  |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.  |
| Dr. Zanfrini has nothing to disclose.  |

## **Evaluation and Feedback**

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Nachira 1



| Section 1.  | Identifying Inform                 | nation                            |   |  |
|---|------------------------------------|-----------------------------------|---|--|
| 1. Given Name (Fir<br>Dania   | st Name)                           | 2. Surname (Last Name)<br>Nachira | 3. Date<br>28-December-2018   |  |
| 4. Are you the corresponding author?  |                                    | ☐ Yes ✓ No                        | Corresponding Author's Name<br>Edoardo Zanfrini   |  |
| 5. Manuscript Title<br>Treatment of eso   |                                    | uniportal video-assisted tl       | noracoscopic surgery  |  |
| 6. Manuscript Iden<br>SHC-2018-UVATS  | ntifying Number (if you kr<br>5-04 | now it)                           |   |  |
|   |                                    |                                   | _   |  |
| Section 2.  | The Work Under Co                  | onsideration for Public           | cation  |  |
| any aspect of the su<br>statistical analysis,   | ubmitted work (including           | but not limited to grants, da     | a third party (government, commercial, private foundation, etc.) for<br>ita monitoring board, study design, manuscript preparation, |  |
| Section 3.  | Relevant financial                 | activities outside the s          | submitted work.   |  |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo |                                    |                                   |   |  |
| Section 4.  | Intellectual Proper                | rty Patents & Copyri              | yhts  |  |
| Do you have any   | patents, whether plan              | ned, pending or issued, br        | roadly relevant to the work? Yes V No   |  |

Nachira 2



| Section 5.        |  |
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|                   | Relationships not covered above  |
|                   | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?  |
| Yes, the follo    | wing relationships/conditions/circumstances are present (explain below):   |
| ✓ No other rela   | tionships/conditions/circumstances that present a potential conflict of interest   |
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Chiappetta 1



| Section 1. Identifying Inform   | nation                               |  |                             |  |
|---|--------------------------------------|--|-----------------------------|--|
| Given Name (First Name)  Marco  | 2. Surname (Last Name)<br>Chiappetta |  | 3. Date<br>28-December-2018 |  |
| 4. Are you the corresponding author?  | ☐ Yes ✓ No                           | Corresponding Author's Nam<br>Edoardo Zanfrini | ne                          |  |
| 5. Manuscript Title<br>Treatment of esophageal diverticula in   | uniportal video-assisted th          | noracoscopic surgery                           |                             |  |
| 6. Manuscript Identifying Number (if you kr<br>SHC-2018-UVATS-04  | now it)                              |  |                             |  |
|   |                                      | -  |                             |  |
| Section 2. The Work Under Co  | onsideration for Public              | ation  |                             |  |
| Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?   |                                      |  |                             |  |
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| C. div. A   |                                      |  |                             |  |
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| Do you have any patents, whether plan   | ned, pending or issued, bro          | oadly relevant to the work?                    | ☐ Yes 🗸 No                  |  |

Chiappetta 2



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Meacci 1



| Section 1. Identifying Inform   | nation                           |  |  |  |
|---|----------------------------------|--|--|--|
| 1. Given Name (First Name)<br>Elisa   | 2. Surname (Last Name)<br>Meacci | 3. Date<br>28-December-2018  |  |  |
| 4. Are you the corresponding author?  | ☐ Yes ✓ No                       | Corresponding Author's Name<br>Edoardo Zanfrini  |  |  |
| 5. Manuscript Title<br>Treatment of esophageal diverticula in   | uniportal video-assisted tl      | noracoscopic surgery   |  |  |
| 6. Manuscript Identifying Number (if you k<br>SHC-2018-UVATS-04   | now it)                          |  |  |  |
|   |                                  |  |  |  |
| Section 2. The Work Under C   | Consideration for Public         | cation   |  |  |
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| Do you have any patents, whether plan   | nned, pending or issued, br      | roadly relevant to the work? Yes V No  |  |  |

Meacci 2



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|---|----------------------------------|-----------------------------------|--|--|
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| Do you have any p   | patents, whether plan            | ned, pending or issued, br        | oadly relevant to the work? ☐ Yes ✓ No   |  |

Congedo 2



| Section 5. Relationships not severed above   |
|--|
| Relationships not covered above  |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?  |
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| Dr. Congedo has nothing to disclose.   |

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Ferretti 1



| Section 1.  | Identifying Inform                 | nation                             |                             |                             |
|---|------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 1. Given Name (Fi<br>Gian Maria   | rst Name)                          | 2. Surname (Last Name)<br>Ferretti |                             | 3. Date<br>28-December-2018 |
| 4. Are you the cor  | responding author?                 | Yes ✓ No                           | Corresponding Author's Name | e                           |
| 5. Manuscript Title<br>Treatment of esc   |                                    | uniportal video-assisted th        | noracoscopic surgery        |                             |
| 6. Manuscript Idei<br>SHC-2018-UVAT   | ntifying Number (if you kr<br>S-04 | now it)                            |                             |                             |
|   |                                    |                                    | -                           |                             |
| Section 2.  | The Work Under Co                  | onsideration for Public            | cation                      |                             |
| Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  Vo   |                                    |                                    |                             |                             |
| Section 3.  |                                    |                                    |                             |                             |
| Jeetholi J.   | Relevant financial                 | activities outside the s           | ubmitted work.              |                             |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo |                                    |                                    |                             |                             |
|   |                                    |                                    |                             |                             |
| Section 4.  | Intellectual Proper                | rty Patents & Copyric              | ghts                        |                             |
| Do you have any   | patents, whether plan              | ned, pending or issued, br         | oadly relevant to the work? | Yes   ✓ No                  |

Ferretti 2



| Section 5.         |   |
|--------------------|---|
| Section 5.         | Relationships not covered above   |
|                    | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?   |
| Yes, the follow    | wing relationships/conditions/circumstances are present (explain below):  |
| ✓ No other rela    | tionships/conditions/circumstances that present a potential conflict of interest  |
|                    | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements<br>rnals may ask authors to disclose further information about reported relationships. |
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**Royalties:** Funds are coming in to you or your institution due to your patent

Pogliani 1



| Section 1.                                   | Identifying Inform                 | nation  |  |
|--|------------------------------------|---|--|
| 1. Given Name (Fii<br>Luca                   | rst Name)                          | 2. Surname (Last Name)<br>Pogliani                          | 3. Date<br>28-December-2018  |
| 4. Are you the corresponding author?         |                                    | Yes ✓ No  | Corresponding Author's Name<br>Edoardo Zanfrini  |
| 5. Manuscript Title<br>Treatment of esc      |                                    | uniportal video-assisted th                                 | noracoscopic surgery   |
| 6. Manuscript Ider<br>SHC-2018-UVAT          | ntifying Number (if you kr<br>S-04 | now it)   |  |
|  |                                    |   | _  |
| Section 2.                                   | The Work Under C                   | onsideration for Public                                     | cation   |
| any aspect of the s<br>statistical analysis, | ubmitted work (including           | g but not limited to grants, da                             | a third party (government, commercial, private foundation, etc.) for<br>ita monitoring board, study design, manuscript preparation,  |
| Section 3.                                   | Relevant financial                 | activities outside the s                                    | submitted work.  |
| of compensation clicking the "Add            | ) with entities as descri          | ibed in the instructions. Us<br>port relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. |
| Section 4.                                   | Intellectual Proper                | rty Patents & Copyric                                       | yhts   |
| Do you have any                              | patents, whether plan              | ned, pending or issued, br                                  | oadly relevant to the work? Yes V No   |

Pogliani 2



| Section 5. Relationships not severed above   |
|--|
| Relationships not covered above  |
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laffaldano 1



| Section 1. Id                               | lentifying Informa                             | ation   |  |  |
|---|--|---|--|--|
| 1. Given Name (First N<br>Amedeo            | lame)  | 2. Surname (Last Name)<br>laffaldano                    |  | 3. Date<br>28-December-2018  |
| 4. Are you the corresponding author?        |  | Yes ✓ No  | Corresponding Author's Nan<br>Edoardo Zanfrini                       | ne   |
| 5. Manuscript Title<br>Treatment of esopha  | ageal diverticula in u                         | ıniportal video-assisted                                | thoracoscopic surgery  |  |
| 6. Manuscript Identify<br>SHC-2018-UVATS-04 |  | ow it)  |  |  |
|   |  |   |  |  |
| Section 2. Th                               | ne Work Under Co                               | nsideration for Publ                                    | ication  |  |
|   | nitted work (including l<br>)?                 | but not limited to grants, d                            | n a third party (government, con<br>lata monitoring board, study des | nmercial, private foundation, etc.) for<br>sign, manuscript preparation,                           |
| Section 3. Re                               | elevant financial a                            | ctivities outside the                                   | submitted work.  |  |
| of compensation) wi                         | ith entities as describ<br>box. You should rep | oed in the instructions. U<br>ort relationships that we |  | ationships (regardless of amount<br>dd as many lines as you need by<br>onths prior to publication. |
| Section 4.                                  | tellectual Propert                             | ty Patents & Copyri                                     | ights  |  |
| Do you have any pat                         | tents, whether plann                           | ed, pending or issued, b                                | roadly relevant to the work?   | ☐ Yes 🗸 No   |

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| Section 5. Relationships not severed above   |
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Vita 1



| Section 1.                                      | Identifying Inform                 | ation  |  |
|---|------------------------------------|--|--|
| 1. Given Name (Fir<br>Maria Letizia             | st Name)                           | 2. Surname (Last Name)<br>Vita                             | 3. Date<br>28-December-2018  |
| 4. Are you the corresponding author?            |                                    | Yes ✓ No   | Corresponding Author's Name<br>Edoardo Zanfrini  |
| 5. Manuscript Title<br>Treatment of eso         |                                    | uniportal video-assisted th                                | noracoscopic surgery   |
| 6. Manuscript Iden<br>SHC-2018-UVATS            | ntifying Number (if you kr<br>5-04 | now it)  |  |
|   |                                    |  | -  |
| Section 2.                                      | The Work Under Co                  | onsideration for Public                                    | cation   |
| any aspect of the su<br>statistical analysis, o | ubmitted work (including           | but not limited to grants, da                              | a third party (government, commercial, private foundation, etc.) for<br>ta monitoring board, study design, manuscript preparation,   |
| Section 3.                                      | Relevant financial                 | activities outside the s                                   | submitted work.  |
| of compensation<br>clicking the "Add            | ) with entities as descri          | bed in the instructions. Us<br>port relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication. |
| Section 4.                                      | Intellectual Proper                | ty Patents & Copyric                                       | yhts   |
| Do you have any                                 | patents, whether plan              | ned, pending or issued, br                                 | oadly relevant to the work? Yes V No   |

Vita 2



| Section 5.   |   |  |  |
|--|---|--|--|
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|  | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |  |  |
| Yes, the follo   | wing relationships/conditions/circumstances are present (explain below):  |  |  |
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| Dr. Vita has noth  | ning to disclose.   |  |  |

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Porziella 1



| Section 1. Identify   | ying Information  |   |  |
|---|---|---|--|
| Given Name (First Name) Venanzio  | 2. Surname (Last Nar<br>Porziella   | ne) 3. Date<br>28-December-2018   |  |
| 4. Are you the corresponding  | author? Yes V No  | Corresponding Author's Name<br>Edoardo Zanfrini   |  |
| 5. Manuscript Title<br>Treatment of esophageal o  | diverticula in uniportal video-assist   | ted thoracoscopic surgery   |  |
| 6. Manuscript Identifying Nu<br>SHC-2018-UVATS-04   | nber (if you know it)   |   |  |
|   |   |   |  |
| Section 2. The Wo   | rk Under Consideration for P  | ublication  |  |
| Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  No |   |   |  |
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| Place a check in the approportion of compensation) with ent   | oriate boxes in the table to indicat<br>ities as described in the instruction<br>ou should report relationships tha | e whether you have financial relationships (regardless of amount as. Use one line for each entity; add as many lines as you need by t were present during the 36 months prior to publication.  No |  |
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| Do you have any patents, v  | vhether planned, pending or issue   | ed, broadly relevant to the work? Yes V No  |  |

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| Dr. Porziella has nothing to disclose.  |

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#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

# Identifying information.

# 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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| Section 1.                                      | Identifying Inform                | ation  |  |
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| 4. Are you the corresponding author?            |                                   | Yes ✓ No   | Corresponding Author's Name<br>Edoardo Zanfrini  |
| 5. Manuscript Title<br>Treatment of eso         |                                   | uniportal video-assisted th                                | noracoscopic surgery   |
| 6. Manuscript Iden<br>SHC-2018-UVATS            | tifying Number (if you kn<br>5-04 | ow it)   |  |
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| Dr. Margaritora has nothing to disclose.   |

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