Date:	27/05/2021		_
Your Name:	_Dania Nachira		
Manuscript Tit	tle: MEDIASTINAL UP-ST	TAGING: RISK FACTORS AND PROGNOSIS	
Manuscript nu	mber (if known):VATS-20	21-LVR-03-R (VATS 21-24)	

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		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	None	
	processing charges, etc.)  No time limit for this item.		
		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel		
	ğ ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	·		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

None		

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Date:	03/06/2021	
Your Name:	_Marco Chiappetta	
Manuscript Tit	le: MEDIASTINAL UP-S	ΓAGING: RISK FACTORS AND PROGNOSIS
Manuscript nu	mber (if known):_VATS-202	1-LVR-03-R (VATS 21-24)

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

The Author has no conflict to disclosure				

Please place an "X" next to the following statement to indicate your agreement:

Date:	03/06/2021	
Your Name:	_Edoardo Zanfrini	
<b>Manuscript Tit</b>	le: MEDIASTINAL UP-S	TAGING: RISK FACTORS AND PROGNOSIS
Manuscript nu	mber (if known): VATS-20	021-LVR-03-R (VATS 21-24)

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

The Author has no conflict to disclosure				

Please place an "X" next to the following statement to indicate your agreement:

Date:	03/06/2021	
Your Name:	_Elisa Meacci	
Manuscript Ti	tle: MEDIASTINAL UP	STAGING: RISK FACTORS AND PROGNOSIS
Manuscript nu	ımber (if known):VATS	·2021-LVR-03-R (VATS 21-24)

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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4	Consulting fees	None	

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

The Author has no conflict to disclosure	The Author has no conflict to disclosure		

Please place an "X" next to the following statement to indicate your agreement:

Date:	03/06/2021	
Your Name:	Maria Teresa Congedo	
Manuscript Ti	tle: MEDIASTINAL UP-ST	'AGING: RISK FACTORS AND PROGNOSIS
Manuscript nu	umber (if known):VATS-20	21-LVR-03-R (VATS 21-24)

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1	All support for the present	None	
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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Please place an "X" next to the following statement to indicate your agreement:

Date:	03/06/2021	
Your Name:	Filippo Lococo	
<b>Manuscript Titl</b>	e: MEDIASTINAL UP-ST	'AGING: RISK FACTORS AND PROGNOSIS
Manuscript nur	mber (if known):VATS-20	21-LVR-03-R (VATS 21-24)

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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

The Author has no conflict to disclosure	

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Date:	03/06/2021_	
Your Name:	_Maria Letizia Vita	
Manuscript Tit	le: MEDIASTINAL U	P-STAGING: RISK FACTORS AND PROGNOSIS
Manuscript nu	mber (if known):VA1	S-2021-LVR-03-R (VATS 21-24)

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1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

The Author has no conflict to disclosure	

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Date:	03/06/2021	
Your Name:	_Leonardo Petracca Ciavarella	1
Manuscript Tit	tle: MEDIASTINAL UP-STA	GING: RISK FACTORS AND PROGNOSIS
Manuscript nu	ımber (if known):VATS-202	I-LVR-03-R (VATS 21-24)

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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Date:	03/06/2021	
Your Name:	_Diomira Tabacco	
<b>Manuscript Tit</b>	le: MEDIASTINAL UP	-STAGING: RISK FACTORS AND PROGNOSIS
Manuscript nu	mber (if known):VATS	-2021-LVR-03-R (VATS 21-24)

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		Time frame: Since the initial	planning of the work
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	any entity (if not indicated		
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4	Consulting fees	None	

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

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Date:	03/06/202	21
Your Name:	_Carolina Sassorossi	
Manuscript Tit	tle: MEDIASTINAL	UP-STAGING: RISK FACTORS AND PROGNOSIS
Manuscrint nu	umbar (if known).	(ATC 2021 LVD 02 D (VATC 21 24)

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

The Author has no conflict to disclosure	

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Date:	03/06/202	1
Your Name:	Venanzio Porziella	
Manuscript Ti	tle: MEDIASTINAL	UP-STAGING: RISK FACTORS AND PROGNOSIS
Manuscript nu	umber (if known):V	ATS-2021-LVR-03-R (VATS 21-24)

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		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

The Author has no conflict to disclosure	

Please place an "X" next to the following statement to indicate your agreement:

Date:	03/06/2021_	
Your Name:	_Stefano Margaritora_	
Manuscript Tit	tle: MEDIASTINAL U	P-STAGING: RISK FACTORS AND PROGNOSIS
Manuscript nu	ımber (if known):VA <sup>-</sup>	ΓS-2021-LVR-03-R (VATS 21-24)

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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
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3	Royalties or licenses	None	
4	Consulting fees	None	

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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
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13	Other financial or non- financial interests	None	

The Author has no conflict to disclosure	

Please place an "X" next to the following statement to indicate your agreement: