

ICMJE DISCLOSURE FORM

Date: 03/05/2021
 Your Name: Vittorio Aprile
 Manuscript Title: Lymphadenectomy: From open to minimally invasive surgery
 Manuscript number (if known): VATS-2021-LVR-06 (VATS-21-33)

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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Please summarize the above conflict of interest in the following box:

I have no conflict of interest to declare

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Date: 03/05/2021
 Your Name: Ilaria Ceccarelli
 Manuscript Title: Lymphadenectomy: From open to minimally invasive surgery
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Date: 03/05/2021
 Your Name: Stylianos Korasidis
 Manuscript Title: Lymphadenectomy: From open to minimally invasive surgery
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Date: 03/05/2021
 Your Name: Maria Giovanna Mastromarino
 Manuscript Title: Lymphadenectomy: From open to minimally invasive surgery
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ICMJE DISCLOSURE FORM

Date: 03/05/2021
 Your Name: Diana Bacchin
 Manuscript Title: Lymphadenectomy: From open to minimally invasive surgery
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Date: 03/05/2021

Your Name: Elisa Siculo

Manuscript Title: Lymphadenectomy: From open to minimally invasive surgery

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Date: 03/05/2021
 Your Name: Marcello Carlo Ambrogi
 Manuscript Title: Lymphadenectomy: From open to minimally invasive surgery
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Date: 03/05/2021
 Your Name: Marco Lucchi
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