

ICMJE DISCLOSURE FORM

Date: 26/07/21
 Your Name: FAUSTO LEONCINI
 Manuscript Title: ENDOSCOPIC IN-MEDIASTINAL STAGING OF LUNG CANCER: A CONCISE
 Manuscript number (if known): VATS-2021-LVR-06 (VATS-21-25) LITERATURE REVIEW

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 current manuscript only.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

NONE

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

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.



ICMJE DISCLOSURE FORM

Date: 19 Jul 2021

Your Name: DANIELE MAGNINI

Manuscript Title: ENDOSONOGRAPHY IN MEDIASTINAL STAGING OF LUNG CANCER!

Manuscript number (if known): VATS-2021-LVR-04 A CONCISE LITERATURE REVIEW
(VATS-21-25)

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4	Consulting fees	<input checked="" type="checkbox"/> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None

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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Daniel Just

ICMJE DISCLOSURE FORM

Date: 19 07 2021
 Your Name: VANINA Livi
 Manuscript Title: ENDOSONOGRAPHY IN MEDASTINAL STAGING OF LUNG CANCER A CONCISE LITERATURE REVIEW
 Manuscript number (if known): VATS-2021-LVR-04
(VATS-21-25)

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None

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Vapira

ICMJE DISCLOSURE FORM

Date: 21/07/2021
 Your Name: MARIA CHIARA FLORE
 Manuscript Title: ENDOSCOPY IN MEMORIAL STAGING OF LUNG CANCER: 5 YEARS FOLLOW UP
 Manuscript number (if known): VATS-2021-LVR-04 (VATS-21-25) REVIEW

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3	Royalties or licenses	<input checked="" type="checkbox"/> None
4	Consulting fees	<input checked="" type="checkbox"/> None

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

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

NONE

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

~~X~~ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Manal K. Alkhatib

ICMJE DISCLOSURE FORM

Date: 20/07/21
 Your Name: LUCIA TALLA PONTO
 Manuscript Title: ENDOSONOGRAPHY IN MEDIASTINAL STAGING OF LUNG CANCER: A CONCISE LITERATURE REVIEW
 Manuscript number (if known): VATS-2021-LVR-24 (VATS-61-65)

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None

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Lucia M. ...

ICMJE DISCLOSURE FORM

Date: 26-07-2021
 Your Name: DANIELA PAOLI
 Manuscript Title: ENDOSONOGRAPHY IN HEPATISTAL STAGING OF LUNG CANCER:
 Manuscript number (if known): A BRIEF LITERATURE REVIEW
VATS - 2021 - LVA - 04
(VATS-21-25)

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None

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Julie Loh

ICMJE DISCLOSURE FORM

Date: 23 / 07 / 2011
 Your Name: ROCCO TRISOLINI
 Manuscript Title: ENDOSONOGRAPHY IN MEDIASTINAL STAGING OF CL
 Manuscript number (if known): VATS - 2011 - UIR - 04

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

<p>NO CONFLICTS OF INTEREST RELATED TO THE PRESENT MANUSCRIPT.</p>
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