

ICMJE DISCLOSURE FORM

Date: September 27th 2022

Your Name: Alberto Aiolfi

Manuscript Title: LAPAROSCOPIC PARAESOPHAGEAL HERNIA REPAIR WITH ABSORBABLE MESH: A SYSTEMATIC REVIEW

Manuscript number (if known): VATS-22-27-R2

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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ICMJE DISCLOSURE FORM

Date: September 27th 2022

Your Name: Andrea Sozzi

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Date: September 27th 2022

Your Name: Francesca Lombardo

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Date: September 27th 2022

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Date: September 27th 2022

Your Name: Gianluca Bonitta

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Date: September 27th 2022

Your Name: Cristina Ogliari

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Your Name: Alessandra Dell’Era

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Your Name: Marta Cavalli

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Your Name: Giampiero Campanelli

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Your Name: Davide Bona

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