

ICMJE DISCLOSURE FORM

Date: 2023/05/17

Your Name: ALBERTO SALVICCHI

Manuscript Title: POST-OPERATIVE AND ONCOLOGICAL OUCTOMES OF MINIMALLY-INVASIVE SIMPLE AND COMPLEX SEGMENTECTOMY: A NARRATIVE REVIEW

Manuscript number (if known:

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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		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)
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13	Other financial or non-financial interests	<u> X </u> None	

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None.

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Your Name: LUCA VOLTOLINI

Manuscript Title: POST-OPERATIVE AND ONCOLOGICAL OUTCOMES OF MINIMALLY-INVASIVE SIMPLE AND COMPLEX SEGMENTECTOMY: A NARRATIVE REVIEW

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