

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

Mastroianni 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Riccardo	2. Surname (Last Name) Mastroianni	3. Date 05-January-2020
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Lymph node dissection during radical o	cystectomy: indications, extension and impact on sur	vival outcomes
6. Manuscript Identifying Number (if you kr	now it)	
Section 2. The Work Under C		
The work officer C	onsideration for Publication vive payment or services from a third party (government, co	ommercial, private foundation, etc.) for
	g but not limited to grants, data monitoring board, study d	
Are there any relevant conflicts of interest	est? ☐ Yes ✓ No	
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	in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity;	
clicking the "Add +" box. You should re	port relationships that were present during the 36 i	
Are there any relevant conflicts of interest	est? Yes ✓ No	
Section 4. Intellectual Proper	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	?

Mastroianni 2



Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below): No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Mastroianni has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Tuderti 1



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1. Given Name (First Gabriele	Name)	2. Surname (Last Name) Tuderti	3. Date 05-January-2020
4. Are you the corres	ponding author?	Yes ✓ No	Corresponding Author's Name Riccardo Mastroianni
5. Manuscript Title Lymph node dissec	ction during radical cy	/stectomy: indications, ex	tension and impact on survival outcomes
6. Manuscript Identif	ying Number (if you kno	ow it)	
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Tuderti 2



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	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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Simone 1



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4. Are you the corr	esponding author?	Yes ✓ No	Corresponding Author's Name Riccardo Mastroianni
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Simone 2



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