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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Alfonso

2. Surname (Last Name)  
   Fiorelli

3. Date  
   26-May-2020

4. Are you the corresponding author?  
   ✔ Yes  ❏ No

5. Manuscript Title  
   Survival after VATS for Lung metastasectomy

6. Manuscript Identifying Number (if you know it)

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Dr. Fiorelli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Annalisa
2. Surname (Last Name) Carlucci
3. Date 26-May-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Alfonso Fiorelli
5. Manuscript Title Survival after VATS for Lung metastasectomy
6. Manuscript Identifying Number (if you know it)

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Dr. Carlucci has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Giovanni

2. Surname (Last Name)  
   Natale

3. Date  
   26-May-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Survival after VATS for Lung metastasectomy

6. Manuscript Identifying Number (if you know it)

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Dr. Natale has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Mary

2. Surname (Last Name)  
Bove

3. Date  
26-May-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author's Name  
Alfonso Fiorelli

5. Manuscript Title  
Survival after VATS for Lung metastasectomy

6. Manuscript Identifying Number (if you know it)

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   Freda
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Coresponding Author’s Name  
Alfonso Fiorelli

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Dr. Freda has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Antonio
2. Surname (Last Name)  Noro
3. Date  26-May-2020
4. Are you the corresponding author?  No
5. Manuscript Title  Survival after VATS for Lung metastasectomy
6. Manuscript Identifying Number (if you know it)  

Corresponding Author's Name  Alfonso Fiorelli

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?
Are there any relevant conflicts of interest?  No

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Are there any relevant conflicts of interest?  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  No
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Section 5. Relationships not covered above

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Dr. Noro has nothing to disclose.

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<td>Ferrara</td>
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Dr. Opromolla has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mario
2. Surname (Last Name) Martone
3. Date 26-May-2020

4. Are you the corresponding author? ☒ No

Corresponding Author’s Name
Alfonso Fiorelli

5. Manuscript Title Survival after VATS for Lung metastasectomy

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1. **Given Name (First Name)**
   - Roberto

2. **Surname (Last Name)**
   - Cascone

3. **Date**
   - 26-May-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Survival after VATS for Lung metastasectomy

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5. Relationships not covered above.

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<tr>
<td>Anna</td>
<td>Izzo</td>
<td>26-May-2020</td>
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</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

5. Manuscript Title  
   Survival after VATS for Lung metastasectomy

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔ No

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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Izzo has nothing to disclose.

Evaluation and Feedback

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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.

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<td>Vicedomini</td>
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<td>26-May-2020</td>
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