Date: 17/03/2021					
Your Name: ENRICO (WIFAN)					
Manuscript Title: NON - INTUBATED	THORNER	SURLERY	: THE	EUROPEAN	PERSPECTIVE
Manuscript number (if known):	VATS -	2021-NI	75-10		

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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)
	Later and the second second second	Time frame: Since the initi	al 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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	None	
4	Consulting fees	_XNone	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or	10 · 10 · 10 · 10 · 10 · 10 · 10 · 10 ·	
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	educational events	The state of the s	
6	Payment for expert	XNone	
	testimony		
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7	Support for attending	XNone	
	meetings and/or travel		
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8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data	X None	
	Safety Monitoring Board or	The Record of the second of the second of	
	Advisory Board	TO SHARE OF THE SH	
10	Leadership or fiduciary role	X None	
	in other board, society,	<u>A</u> None	
	committee or advocacy		Marie Control of the
	group, paid or unpaid		
11	Stock or stock options	× None	
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12	Receipt of equipment,	× None	
	materials, drugs, medical		
	writing, gifts or other		
	services	180 - 1	
13	Other financial or non-	X None	
	financial interests		The state of the s
	financial interests		

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

Date: 17	103/2021		
Your Name:	FEDERICO FEMIA		
Manuscript Title:_	NON-INTUDATED THORACL SUI	LLERY : THE EUROPEAN	1ERSPECTIVE
Manuscript number	er (if known): VATS - 2021 -	N175-10	

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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)
	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.	Time frame: Since the initi	al planning of the work
li)	AT THE PARTY OF THE PARTY.	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses		
ļ	Consulting fees	<u></u> None	

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

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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.

Date: 17/03/2021
Your Name: PARASKEVAS LYBERUS
Manuscript Title NON-INTUBATED THORKUE SURVERY: THE EUROPEAN PERSPECTIVE
Manuscript number (if known): VATS - 2021 - NITS - 10

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TA STATE		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 initi	al 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.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	<u>⊁ None</u>	
	speakers bureaus, manuscript writing or educational events		And the second of the second o
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u></u> ★ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	<u></u> ✓ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	× None	
13	Other financial or non- financial interests	× None	
Ple	ase summarize the above c	onflict of interest in the followi	ng box:

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Date: 23/03/2021

Your Name: EUSA CARLA FOUTANA

Manuscript Title: LOW INTUBATED THOMAGE SURGERY: THE EUROPEAN PERSPECTIVE

Manuscript number (if known): VATS - 2021 - NITS - 20

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entitles 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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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.	None	
177	A CONTRACT A SELECTION OF THE PARTY OF THE P	Time frame: pas	at 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
1	Consulting fees	None	

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

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

Nove

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.

23/03/21

Date: 23/3/2021
Your Name: ERIKA PASSONE
Manuscript Title: "NON-INTUBATED THORAGE SURGERY: THE EUROPEAN PERPECTIVE"
Manuscript number (if known): VATS - 7071 - NITS - 10

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V		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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	Michael Control of the Control	Time frame: past	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

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ducational events		
ayment for expert estimony	None	
upport for attending neetings and/or travel	None	et ori
atents planned, issued or ending	None	
articipation on a Data afety Monitoring Board or dvisory Board	_X_None	
eadership or fiduciary role n other board, society, ommittee or advocacy	_X_None	
tock or stock options	_X_None	
eceipt of equipment, naterials, drugs, medical vriting, gifts or other ervices	_X_None	
Other financial or non-	_X_None	
nancial interests		
	atents planned, issued or ending articipation on a Data afety Monitoring Board or dvisory Board eadership or fiduciary role to other board, society, committee or advocacy roup, paid or unpaid tock or stock options ecceipt of equipment, naterials, drugs, medical criting, gifts or other ervices	atents planned, issued or ending articipation on a Data afety Monitoring Board or dvisory Board eadership or fiduciary role atent board, society, committee or advocacy roup, paid or unpaid tock or stock options A None None None None None None None None None

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Date: 17 (03 202)	
Your Name: HORTHA GOUD	
Manuscript Title: MOH - INFURATED THOCOCIC SURGERY: THE EUROPERH PERSPECTIVE	
Manuscript number (if known): VRFS - 2021 - H1FS - 10	

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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.	None	
H		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u></u> X None	
3	Royalties or licenses	<u>&</u> None	
4	Consulting fees	None	

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

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