ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. **Identifying information.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Piergiorgio
2. Surname (Last Name)    Muriana
3. Date                   14-May-2020
4. Are you the corresponding author? ☑ Yes  ☐ No

5. Manuscript Title
   ROBOTIC SURGERY FOR LOCALLY ADVANCED NSCLC

6. Manuscript Identifying Number (if you know it)
   JOVS-20-114

Section 2. The Work Under Consideration for Publication

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Dr. Muriana has nothing to disclose.

Evaluation and Feedback

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### Section 1. Identifying Information

| 1. Given Name (First Name) | Gianluca |
| 2. Surname (Last Name)     | Perroni  |
| 3. Date                    | 14-May-2020 |
| 4. Are you the corresponding author? | Yes ☑ No | Corresponding Author’s Name
|                            | Piergiorgio Muriana |
| 5. Manuscript Title        | ROBOTIC SURGERY FOR LOCALLY ADVANCED NSCLC |
| 6. Manuscript Identifying Number (if you know it) | JOVS-20-114 |

### 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.)?  
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Dr. Perroni has nothing to disclose.

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1. Given Name (First Name)  
Pierluigi

2. Surname (Last Name)  
Novellis

3. Date  
14-May-2020

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

Corresponding Author’s Name  
Piergiorgio Muriana

5. Manuscript Title  
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1. Given Name (First Name)  
   Giulia

2. Surname (Last Name)  
   Veronesi

3. Date  
   14-May-2020

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

   Corresponding Author’s Name  
   Piergiorgio Muriana

5. Manuscript Title  
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If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Dr. Veronesi reports grants from INAIL, during the conduct of the study; personal fees from Medtronic, personal fees from Ab Medica, personal fees from Johnson & Johnson, grants from Intuitive, outside the submitted work; .

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