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.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date   |
|---------------------------|-------------------------|-----------|
| Federico                  | Raveglia               | 04-June-2020 |

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

5. Manuscript Title  
Pulmonary metastasectomy in germ cell tumors and prostate cancer

6. Manuscript Identifying Number (if you know it)  
JTD-2019-PM-06

### 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

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Dr. Raveglia 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) | Lorenzo |
|---------------------------|---------|
| 2. Surname (Last Name)    | Rosso   |
| 3. Date                   | 04-June-2020 |
| 4. Are you the corresponding author? | Yes ☐ No ✔ |
| Corresponding Author’s Name | Raveglia Federico |
| 5. Manuscript Title       | Pulmonary metastasectomy in germ cell tumors and prostate cancer |
| 6. Manuscript Identifying Number | JTD-2019-PM-06 |

### 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

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Are there any relevant conflicts of interest? ☐ Yes ✔ No

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Section 6. Disclosure Statement

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Dr. Rosso has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mario
2. Surname (Last Name) Nosotti
3. Date 04-June-2020
4. Are you the corresponding author? ✔ No
5. Manuscript Title
   Pulmonary metastasectomy in germ cell tumors and prostate cancer
6. Manuscript Identifying Number (if you know it)
   JTD-2019-PM-06

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Nosotti
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Dr. Nosotti has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Giuseppe
2. Surname (Last Name) Cardillo
3. Date 04-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author’s Name Raveglia Federico

5. Manuscript Title
Pulmonary metastasectomy in germ cell tumors and prostate cancer

6. Manuscript Identifying Number (if you know it)
JTD-2019-PM-06

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Scarci
ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)
   Marco

2. Surname (Last Name)
   Scarci

3. Date
   04-June-2020

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Corresponding Author’s Name
   Raveglia Federico

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