

ICMJE DISCLOSURE FORM

Date: 18/04/2021

Your Name: Ricciardi Sara

Manuscript Title: **WHICH SURGERY FOR GROUND GLASS OPACITY LUNG NODULES?**

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Date: 18/04/2021

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Your Name: Franca M. A. Melfi

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