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) Francesco
2. Surname (Last Name) Greco
3. Date 22-May-2020
4. Are you the corresponding author? ✔ Yes □ No
5. Manuscript Title The impact of robotic surgery in bladder cancer patients
6. Manuscript Identifying Number (if you know it) AMJ-2019-BC-09

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Dr. Greco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Nicola
2. Surname (Last Name)  Pesenti
3. Date  22-May-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
The impact of robotic surgery in bladder cancer patients
6. Manuscript Identifying Number (if you know it)
AMJ-2019-BC-09

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Dr. Pesenti has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
alberto
2. Surname (Last Name)  
vismara
3. Date  
22-April-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Francesco Greco

5. Manuscript Title  
the impact of robotic surgery in bladder cancer patients

6. Manuscript Identifying Number (if you know it)  
AMJ-2019-BC-09

Section 2. The Work Under Consideration for Publication

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Dr. vismara has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Lorenzo

2. **Surname (Last Name)**
   Tessa

3. **Date**
   22-May-2020

4. **Are you the corresponding author?**
   - Yes
   - [X] No

   **Corresponding Author’s Name**
   Francesco Greco

5. **Manuscript Title**
   The impact of Robotic surgery in bladder cancer patients

6. **Manuscript Identifying Number (if you know it)**

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Are there any relevant conflicts of interest?

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- [X] No

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- [X] No

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- [X] No
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Section 1. Identifying Information
1. Given Name (First Name) ROCCA CARMELA
2. Surname (Last Name) LISANTI
3. Date 19-April-2020
4. Are you the corresponding author? Yes No
   Corresponding Author's Name GRECO FRANCESCO
5. Manuscript Title
   THE IMPACT OF ROBOTIC SURGERY IN BLADDER CANCER
6. Manuscript Identifying Number (if you know it)
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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Luigi</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Domanico</td>
</tr>
<tr>
<td>3. Date</td>
<td>22-May-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
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</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Francesco Greco</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
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3. Relevant financial activities outside the submitted work.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Riccardo
2. Surname (Last Name)  Farci
3. Date  22-May-2020
4. Are you the corresponding author?  No

Corresponding Author’s Name  Francesco Greco
5. Manuscript Title  The impact of robotic surgery in bladder cancer patients
6. Manuscript Identifying Number (if you know it)  AMJ-2019-BC-09

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.)?  No

Are there any relevant conflicts of interest?  No

Section 3. Relevant financial activities outside the submitted work.

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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

Are you the corresponding author?  No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Farci has nothing to disclose.

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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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Section 1. Identifying Information

1. Given Name (First Name)  Emanuele
2. Surname (Last Name)  MICHELI
3. Date  22-May-2020
4. Are you the corresponding author?  No
   ✔
   Corresponding Author’s Name
   Francesco Greco

5. Manuscript Title
   THE IMPACT OF ROBOTIC SURGERY IN BLADDER CANCER PATIENTS

6. Manuscript Identifying Number (if you know it)
   AMJ-2019-BC-09

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. MICHELI 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)  
Vincenzo Maria

2. Surname (Last Name)  
Altieri

3. Date  
22-May-2020

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

Corresponding Author’s Name  
Francesco Greco

5. Manuscript Title  
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