

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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2. The work under consideration for publication.

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your

De Felice 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Francesca	2. Surname (Last Name) De Felice	3. Date 21-March-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Claudia Marchetti	
5. Manuscript Title Immunotherapy in cervical cancer: the	advent of precision medic	ine	
6. Manuscript Identifying Number (if you k	now it)		
Section 2. The Work Under C	Consideration for Public	cation	
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 Volume Yes			
Section 3. Relevant financial	activities outside the s	submitted work.	
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Section 4. Intellectual Prope	rty Patents & Copyric	ghts	
Do you have any patents, whether plar	nned, pending or issued, br	oadly relevant to the work? Yes V No	

De Felice 2



Section 5.				
Section 5.	Relationships not covered above			
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?			
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement			
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. De Felice has	nothing to disclose.			

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Marchetti 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fii Claudia	rst Name)	2. Surname (Marchetti	(Last Name)	3. Date 21-March-2020
4. Are you the cor	responding author?	✓ Yes	No	
5. Manuscript Title Immunotherapy	e in cervical cancer: the a	advent of pred	cision medicine	
6. Manuscript Ider	ntifying Number (if you kn	ow it)		
Section 2.	The Work Under Co		u fau Dublication	
any aspect of the s statistical analysis,	stitution at any time recei ubmitted work (including	ve payment or but not limited	services from a third party (governme d to grants, data monitoring board, stu	ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Section 3.	Relevant financial	activities ou	utside the submitted work.	
of compensation clicking the "Add	n) with entities as descri	bed in the ins port relationsh	structions. Use one line for each en hips that were present during the	ial relationships (regardless of amount itity; add as many lines as you need by a 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patent	s & Convrights	
Do you have any		<u> </u>	or issued, broadly relevant to the	work? Yes 🗸 No

Marchetti 2



Section 5. Polationships not sovered above
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Fagotti 1



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Scambia 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Claudia Marchetti	
5. Manuscript Title Immunotherapy		advent of precision medic	ine	
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