

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ciro

2. Surname (Last Name)

Pinelli

3. Date

27-November-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Interval debulking surgery for advanced ovarian cancer: when, how and why?

6. Manuscript Identifying Number (if you know it)

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. Pinelli 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) Rocco	2. Surname (Last Name) Guerrisi	3. Date 27-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ciro Pinelli
5. Manuscript Title Interval debulking surgery for advanced ovarian cancer: when, how and why?		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Guerrisi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Claudia	2. Surname (Last Name) Brusadelli	3. Date 27-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ciro Pinelli
5. Manuscript Title Interval debulking surgery for advanced ovarian cancer: when, how and why?		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Brusadelli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Valeria	2. Surname (Last Name) Artuso	3. Date 27-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ciro Pinelli
5. Manuscript Title Interval debulking surgery for advanced ovarian cancer: when, how and why?		
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1. Given Name (First Name) Hooman	2. Surname (Last Name) Sooleymani Majd	3. Date 27-November-2020
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Dr. Sooleymani Majd has nothing to disclose.

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Giorgio

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Bogani

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4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ciro Pinelli

5. Manuscript Title

Interval debulking surgery for advanced ovarian cancer: when, how and why?

6. Manuscript Identifying Number (if you know it)

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Other: Anything not covered under the previous three boxes

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

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Section 1. Identifying Information

1. Given Name (First Name)

Fabio

2. Surname (Last Name)

Ghezzi

3. Date

27-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ciro Pinelli

5. Manuscript Title

Interval debulking surgery for advanced ovarian cancer: when, how and why?

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1. Given Name (First Name) Jvan	2. Surname (Last Name) Casarin	3. Date 27-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ciro Pinelli
5. Manuscript Title Interval debulking surgery for advanced ovarian cancer: when, how and why?		
6. Manuscript Identifying Number (if you know it)		

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