

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 1. Identifying Information

1. Given Name (First Name)

MARTINA

2. Surname (Last Name)

FERIOLI

3. Date

10-December-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

RADIOTHERAPY IN UTERINE SARCOMA: A REVIEW OF INTERNATIONAL GUIDELINES.

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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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. FERIOLI 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)

ANDREA

2. Surname (Last Name)

GALUPPI

3. Date

09-December-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

MARTINA FERIOLO

5. Manuscript Title

RADIOTHERAPY IN UTERINE SARCOMA: A REVIEW OF INTERNATIONAL GUIDELINES.

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. GALUPPI 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)  
ANNA MYRIAM

2. Surname (Last Name)  
PERRONE

3. Date  
09-December-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
MARTINA FERIOLO

5. Manuscript Title  
RADIOTHERAPY IN UTERINE SARCOMA: A REVIEW OF INTERNATIONAL GUIDELINES.

6. Manuscript Identifying Number (if you know it)

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Dr. PERRONE has nothing to disclose.

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1. Given Name (First Name)  
PIERANDREA

2. Surname (Last Name)  
DE IACO

3. Date  
09-December-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
MARTINA FERIOLO

5. Manuscript Title  
RADIOTHERAPY IN UTERINE SARCOMA: A REVIEW OF INTERNATIONAL GUIDELINES.

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Dr. DE IACO has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Claudio

2. Surname (Last Name) Zamagni

3. Date 26-November-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name Martina Ferioli

5. Manuscript Title  
RADIOTHERAPY IN UTERINE SARCOMA: A REVIEW OF INTERNATIONAL GUIDELINES

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory, travel accomadation, research funging
Eisai	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory
Novartis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory, travel accomadation, research funging
AstraZeneca	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory, research funging
Pfizer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory, travel accomadation, research funging
Pharma PharmaMar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory, travel accomodation

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amgen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory
Tesaro	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory, travel accomadation, research funging
QuintikesIMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory
Pierre Fabre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel accomadation, research funging
Istituto Gentili	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel accomadation, research funging
Takeda	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research funging
TEVA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research funging
Medivation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research funging
Abbvie	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research funging
Array BioPharma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research funging
Morphotek	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research funging
Synthon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research funging
Seattle Genetics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research funging
Lilly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory
Celgene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory, travel accomodation

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

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?

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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. Zamagni reports grants, personal fees and non-financial support from Roche, grants from Eisai, grants, personal fees and non-financial support from Novartis, grants, personal fees and non-financial support from AstraZeneca, grants, personal fees and non-financial support from Pfizer, grants from Pharma  
PharmaMar, grants and personal fees from Amgen, grants and personal fees from Tesaro, personal fees from QuintikesIMS, grants from Pierre Fabre, grants from Istituto Gentili, grants from Takeda, grants from TEVA, grants from Medivation, grants from Abbvie, grants from Array BioPharma, grants from Morphotek, grants from Synthon, grants from Seattle Genetics, grants from Lilly, grants from Celgene, outside the submitted work; .

### Evaluation and Feedback

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 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)  
Milly

2. Surname (Last Name)  
Buwenge

3. Date  
26-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Martina Ferioli

5. Manuscript Title  
RADIOTHERAPY IN UTERINE SARCOMA: A REVIEW OF INTERNATIONAL GUIDELINES

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.)?

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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Dr. Buwenge 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)  
Alessio Giuseppe

2. Surname (Last Name)  
Morganti

3. Date  
26-November-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Martina Ferioli

5. Manuscript Title  
RADIOTHERAPY IN UTERINE SARCOMA: A REVIEW OF INTERNATIONAL GUIDELINES

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Elekta	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Astellas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alfa-sigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tema Sinergie	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bayer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Igea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Morganti reports grants from Elekta, personal fees from Astellas, personal fees from Alfa-sigma, grants from Tema Sinergie, grants from Janssen, grants from Bayer, grants from Igea, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Silvia

2. Surname (Last Name)  
Cammelli

3. Date  
10-October-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ferioli Martina

5. Manuscript Title

RADIOTHERAPY IN UTERINE SARCOMA: A REVIEW OF INTERNATIONAL GUIDELINES

6. Manuscript Identifying Number (if you know it)

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