

## 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.

#### 1. Identifying information.

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

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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Valentina

2. Surname (Last Name)

Errico

3. Date

04-April-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Gianluca Perroni

5. Manuscript Title

Internal mammary lymph node siliconoma in absence of prosthesis rupture: a case series that raises concern for potential risk of overdiagnosis.

6. Manuscript Identifying Number (if you know it)

GS-20-860

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Are there any relevant conflicts of interest?

Yes

No

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No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

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Dr. Errico 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)

Gianluca

2. Surname (Last Name)

Perroni

3. Date

04-April-2021

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Internal mammary lymph node siliconoma in absence of prosthesis rupture: a case series that raises concern for potential risk of overdiagnosis.

6. Manuscript Identifying Number (if you know it)

GS-20-860

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Dr. Perroni 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)

Flavio

2. Surname (Last Name)

Milana

3. Date

04-April-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Gianluca Perroni

5. Manuscript Title

Internal mammary lymph node siliconoma in absence of prosthesis rupture: a case series that raises concern for potential risk of overdiagnosis.

6. Manuscript Identifying Number (if you know it)

GS-20-860

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 Yes No

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Dr. Milana 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 Vittorio Emanuele	2. Surname (Last Name) Lisa	3. Date 04-April-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianluca Perroni
5. Manuscript Title Internal mammary lymph node siliconoma in absence of prosthesis rupture: a case series that raises concern for potential risk of overdiagnosis.		
6. Manuscript Identifying Number (if you know it) GS-20-860		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Lisa has nothing to disclose.

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Emilia

2. Surname (Last Name)

Marrazzo

3. Date

04-April-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Gianluca Perroni

5. Manuscript Title

Internal mammary lymph node siliconoma in absence of prosthesis rupture: a case series that raises concern for potential risk of overdiagnosis.

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Dr. Marrazzo 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)

Marco

2. Surname (Last Name)

Klinger

3. Date

04-April-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Gianluca Perroni

5. Manuscript Title

Internal mammary lymph node siliconoma in absence of prosthesis rupture: a case series that raises concern for potential risk of overdiagnosis.

6. Manuscript Identifying Number (if you know it)

GS-20-860

### 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?

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Are there any relevant conflicts of interest?

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

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Corrado

2. Surname (Last Name)

Tinterri

3. Date

04-April-2021

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Yes  No

Corresponding Author's Name

Gianluca Perroni

5. Manuscript Title

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### Section 1. Identifying Information

1. Given Name (First Name) Alberto	2. Surname (Last Name) Testori	3. Date 04-April-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianluca Perroni
5. Manuscript Title Internal mammary lymph node siliconoma in absence of prosthesis rupture: a case series that raises concern for potential risk of overdiagnosis.		
6. Manuscript Identifying Number (if you know it) GS-20-860		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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