

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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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.

Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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

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Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name) Marco	2. Surname Valgimigli	(Last Name)			3. Date 01-April-2020	
4. Are you the corresponding author?	✓ Yes	No				
5. Manuscript Title No free lunch – The price of double vers	us triple anti	thrombotic	therapy in pa	tients with atr	ial fibrillation after ACS or PCI	
6. Manuscript Identifying Number (if you know it) ATM-19-4550(E19121180-30883055-ZYY)						
Section 2. The Work Under Co	onsideratio	n for Publi	cation			
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limite	d to grants, d) for
Section 3. Relevant financial	- stivition o	مطه ماه د	ab.ua:44a.d.	aule		
Place a check in the appropriate boxes in of compensation) with entities as descri- clicking the "Add +" box. You should rep Are there any relevant conflicts of intere- lf yes, please fill out the appropriate info	n the table to bed in the ins port relations est? Yes	indicate what indicate when the structions. Unlike the structions in the structure was included in the structure with the structure was included in the structure with the structure was included in the structure with the structure was included in the structure was included in the structure with the structure was included in the structu	nether you ha se one line fo	ve financial re or each entity;	add as many lines as you need b	
Name of Entity	Grant	_	n-Financial Support	Other? Co	mments	
Abbott	✓	✓				
Alvimedica	✓	✓				
Amgen	✓	✓				
Bayer	√	✓				
Bristol-Myers Squibb SA	✓	✓				
Astrazeneca	✓	✓				
Daiichi Sankyo	✓	✓				
erumo	✓	✓				

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Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments		
iVascular	✓ ✓					
Section 4. Intellectual Propert	ty Patents & Co	pyrights				
Do you have any patents, whether plann	ned, pending or issu	ed, broadly releva	nnt to the wor	k? Yes [√ No	
Section 5. Relationships not c	overed above					
Are there other relationships or activities potentially influencing, what you wrote i			influenced, o	r that give the a	ppearance of	
Yes, the following relationships/cond	ditions/circumstance	es are present (ex	plain below):			
✓ No other relationships/conditions/cir	rcumstances that pr	esent a potential	conflict of int	erest		
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					isclosure statem	ents.
Section 6. Disclosure Stateme	nt					
Based on the above disclosures, this forn below.		generate a disclo	sure statemei	nt, which will ap	ppear in the box	
Dr. Valgimigli reports grants and person fees from Amgen, grants and personal fees from Astrazeneca, grants a grants and personal fees from iVascular,	ees from Bayer, gran and personal fees fro	nts and personal for om Daiichi Sankyo	ees from Brist	ol-Myers Squib	b SA, grants and	

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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GRAGNANO



Section 1.	Identifying Inform	nation		
1. Given Name (Fil	rst Name)	2. Surname (Last Name) GRAGNANO	3. Date 24-March-2020	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name MARCO VALGIMIGLI	
5. Manuscript Title No free lunch – T		sus triple antithrombotic t	herapy in patients with atrial fibrillation after ACS or PCI	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under C	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo				
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

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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?		
Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest		
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals 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. GRAGNANO	has nothing to disclose.		

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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