

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.

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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".

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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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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

J. Alejandro

2. Surname (Last Name)

Perez Fidalgo

3. Date

08-January-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Aurora kinases in ovarian cancer

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| Mutua Madrileña | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sociedad Española de Oncología Medica (Spanish Society of Medical Oncology) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Section 3. Relevant financial activities outside the 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 No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------------|
| AstraZeneca | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | speaker advisory board and travel |
| GSK - Tesaro | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | speaker and advisory board |

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| Clovis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory Board |
| Roche | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speaker, advisory role and travel |
| amgem | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory Board |
| Pfizer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speaker and travel |
| Pharmamar | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speaker |

Section 4. Intellectual Property -- Patents & Copyrights

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------|----------|
| Predictive signature for neoadjuvant chemotherapy in breast cancer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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Dr. Perez Fidalgo reports grants from Mutua Madrileña, grants from Sociedad Española de Oncología Medica (Spanish Society of Medical Oncology), during the conduct of the study; personal fees from AstraZeneca, personal fees from GSK - Tesaro, personal fees from Clovis, personal fees from Roche, personal fees from amgem, personal fees from Pfizer , personal fees from Pharmamar, outside the submitted work; In addition, Dr. Perez Fidalgo has a patent Predictive signature for neoadjuvant chemotherapy in breast cancer pending.

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Section 1. Identifying Information

1. Given Name (First Name)
BELEN

2. Surname (Last Name)
ORTEGA MORILLO

3. Date
15-October-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
J. Alejandro Pérez-Fidalgo

5. Manuscript Title
NOTCH signaling in ovarian angiogenesis

6. Manuscript Identifying Number (if you know it)
ATM-20-4497

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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Dr. ORTEGA MORILLO has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)

SORAYA

2. Surname (Last Name)

SIMÓN ALONSO

3. Date

15-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

J. Alejandro Pérez-Fidalgo

5. Manuscript Title

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Dr. SIMÓN ALONSO has nothing to disclose.

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Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Eleftherios Pierre | 2. Surname (Last Name) Samartzis | 3. Date 15-October-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Jose Alejandro Perez-Fidalgo |
| 5. Manuscript Title NOTCH signaling in ovarian cancer angiogenesis | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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Dr. Samartzis has nothing to disclose.

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| | | |
|---|---|---|
| 1. Given Name (First Name) Stergios | 2. Surname (Last Name) Boussios | 3. Date 15-October-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Jose Alejandro Perez Fidalgo |
| 5. Manuscript Title NOTCH signaling in ovarian cancer angiogenesis | | |
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