

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.

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".

3. Relevant financial activities outside the submitted work.

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



Section 1.	Identifying Info	rmation	
1. Given Name (F lury	irst Name)	2. Surname (Last Name) Melo	3. Date 04-October-2018
4. Are you the co	rresponding author?	✓ Yes No	
5. Manuscript Tit Supermediastir		it and how to do on cancer practice	
6. Manuscript Ide	ntifying Number (if you	ı 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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?		Yes	\checkmark	No
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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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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Melo has nothing to disclose.

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1. Given Name (Fir Gustavo	st Name)	2. Surname (Last Name) Fortunato		3. Date 04-October-2018
4. Are you the corr	esponding author?	Yes 🖌 No	Corresponding Author's Nar Iury Andradade Melo	ne
5. Manuscript Title Supermediasting		and how to do on cance	r practice	
6. Manuscript Iden	tifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Pub	lication	
any aspect of the su statistical analysis, e	ubmitted work (including	g but not limited to grants,	data monitoring board, study de	nmercial, private foundation, etc.) for sign, manuscript preparation,
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Are there any relevant conflicts of interest?		Yes	\checkmark	No
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4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Nai Iury Andradade Melo	me
5. Manuscript Title Supermediastinc		and how to do on cancer	practice	
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