

# ICMJE DISCLOSURE FORM

Date: August. 27<sup>th</sup>, 2021

Your Name: Cassano Bartolomeo

Manuscript Title: PERSONALIZED DOSIMETRY FOR A DEEPER UNDERSTANDING OF METASTATIC RESPONSE TO HIGH ACTIVITY <sup>131</sup>I-MIBG THERAPY IN HIGH RISK RELAPSED REFRACTORY NEUROBLASTOMA

Manuscript number (if known): QIMS-21-548

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

None.

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Date: August. 27<sup>th</sup>, 2021

Your Name: Pizzoferro Milena

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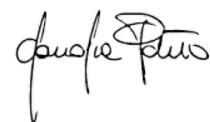
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# ICMJE DISCLOSURE FORM

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Your Name: Donatiello Salvatore

Manuscript Title: PERSONALIZED DOSIMETRY FOR A DEEPER UNDERSTANDING OF METASTATIC RESPONSE TO HIGH ACTIVITY <sup>131</sup>I-MIBG THERAPY IN HIGH RISK RELAPSED REFRACTORY NEUROBLASTOMA

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*Saharza D. Kell*

## ICMJE DISCLOSURE FORM

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Your Name: Altini Claudio

Manuscript Title: PERSONALIZED DOSIMETRY FOR A DEEPER UNDERSTANDING OF METASTATIC RESPONSE TO HIGH ACTIVITY <sup>131</sup>I-MIBG THERAPY IN HIGH RISK RELAPSED REFRACTORY NEUROBLASTOMA

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Your Name: Villani Maria Felicia

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*Joie Lee Vee*

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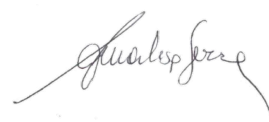
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

☒ X I certify that I have answered every question and have not altered the wording of any of the questions on this form.



# ICMJE DISCLOSURE FORM

Date: August. 27<sup>th</sup>, 2021

Your Name: Garganese Maria Carmen

Manuscript Title: PERSONALIZED DOSIMETRY FOR A DEEPER UNDERSTANDING OF METASTATIC RESPONSE TO HIGH ACTIVITY <sup>131</sup>I-MIBG THERAPY IN HIGH RISK RELAPSED REFRACTORY NEUROBLASTOMA

Manuscript number (if known): QIMS-21-548

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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*Wendy Denise Ferguson*

# ICMJE DISCLOSURE FORM

Date: August. 27<sup>th</sup>, 2021

Your Name: Cannatà Vittorio

Manuscript Title: PERSONALIZED DOSIMETRY FOR A DEEPER UNDERSTANDING OF METASTATIC RESPONSE TO HIGH ACTIVITY <sup>131</sup>I-MIBG THERAPY IN HIGH RISK RELAPSED REFRACTORY NEUROBLASTOMA

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