

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)

VINCENZO

2. Surname (Last Name)

FORMICA

3. Date

09-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Health-related quality of life in patients with advanced colorectal cancer: a predictive nomogram including BMI, sex and age

6. Manuscript Identifying Number (if you know it)

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Dr. FORMICA has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Antonella	2. Surname (Last Name) Nardecchia	3. Date 09-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vincenzo Formica
5. Manuscript Title Health-related quality of life in patients with advanced colorectal cancer: a predictive nomogram including BMI, sex and age		
6. Manuscript Identifying Number (if you know it)		

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Dr. Nardecchia has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Cristina	2. Surname (Last Name) Morelli	3. Date 09-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vincenzo Formica
5. Manuscript Title Health-related quality of life in patients with advanced colorectal cancer: a predictive nomogram including BMI, sex and age		
6. Manuscript Identifying Number (if you know it)		

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Dr. Morelli 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) Jessica	2. Surname (Last Name) Lucchetti	3. Date 09-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vincenzo Formica
5. Manuscript Title Health-related quality of life in patients with advanced colorectal cancer: a predictive nomogram including BMI, sex and age		
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Dr. Giuliano has nothing to disclose.Dr. Giuliano has nothing to disclose.

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1. Given Name (First Name) Nicola	2. Surname (Last Name) Renzi	3. Date 09-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vincenzo Formica
5. Manuscript Title Health-related quality of life in patients with advanced colorectal cancer: a predictive nomogram including BMI, sex and age		
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

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Are there any relevant conflicts of interest? Yes No

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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Dr. Renzi 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) Chiara	2. Surname (Last Name) Gallo	3. Date 09-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vincenzo Formica
5. Manuscript Title Health-related quality of life in patients with advanced colorectal cancer: a predictive nomogram including BMI, sex and age		
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Are there any relevant conflicts of interest? Yes No

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Dr. Gallo 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)

Rachela

2. Surname (Last Name)

Pellegrino

3. Date

09-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Vincenzo Formica

5. Manuscript Title

Health-related quality of life in patients with advanced colorectal cancer: a predictive nomogram including BMI, sex and age

6. Manuscript Identifying Number (if you know it)

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Dr. Pellegrino 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) Valentina	2. Surname (Last Name) Massimiliani	3. Date 09-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vincenzo Formica
5. Manuscript Title Health-related quality of life in patients with advanced colorectal cancer: a predictive nomogram including BMI, sex and age		
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Dr. Massimiliani 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) Cristiano	2. Surname (Last Name) Serci	3. Date 09-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vincenzo Formica
5. Manuscript Title Health-related quality of life in patients with advanced colorectal cancer: a predictive nomogram including BMI, sex and age		
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1. Given Name (First Name) Anna	2. Surname (Last Name) Russo	3. Date 09-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vincenzo Formica
5. Manuscript Title Health-related quality of life in patients with advanced colorectal cancer: a predictive nomogram including BMI, sex and age		
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Dr. Russo has nothing to disclose.

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4. Intellectual Property.

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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) Anna	2. Surname (Last Name) Patrikidou	3. Date 09-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vincenzo Formica
5. Manuscript Title Health-related quality of life in patients with advanced colorectal cancer: a predictive nomogram including BMI, sex and age		
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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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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Dr. Patrikidou 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) Hendrik-Tobias	2. Surname (Last Name) Arkenau	3. Date 09-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vincenzo Formica
5. Manuscript Title Health-related quality of life in patients with advanced colorectal cancer: a predictive nomogram including BMI, sex and age		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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Dr. Arkenau 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)

Luigi

2. Surname (Last Name)

Maiorino

3. Date

09-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Vincenzo Formica

5. Manuscript Title

Health-related quality of life in patients with advanced colorectal cancer: a predictive nomogram including BMI, sex and age

6. Manuscript Identifying Number (if you know it)

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Dr. Maiorino 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)

Manfredi

2. Surname (Last Name)

Tesauro

3. Date

09-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Health-related quality of life in patients with advanced colorectal cancer: a predictive nomogram including BMI, sex and age

6. Manuscript Identifying Number (if you know it)

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Dr. Tesauro has nothing to disclose.

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1. Given Name (First Name)

Mario

2. Surname (Last Name)

Roselli

3. Date

09-January-2021

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Yes

No

Corresponding Author's Name

Vincenzo Formica

5. Manuscript Title

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