Date: ____28/01/2022_____ Your Name: _____Mariia Ivanova_____ Manuscript Title: Hereditary Gastric and Breast Cancer Syndromes with lung metastasis: Narrative review of molecular and clinical insights Manuscript number (if known): _____

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1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_ XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

Nothing to declare

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

Date: 28/01/2022

Your Name:____Jessica Evangelista_

Manuscript Title: Hereditary Gastric and Breast Cancer Syndromes with lung metastasis: Narrative review of molecular and clinical insights

Manuscript number (if known):_

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

Nothing to declare

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

Date: ____28/01/2022_____ Your Name: _____Konstantinos Venetis_____ Manuscript Title: Hereditary Gastric and Breast Cancer Syndromes with lung metastasis: Narrative review of molecular and clinical insights Manuscript number (if known):_____

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

Nothing to declare

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

Date: ____28/01/2022_____ Your Name: ____Elham Sajjadi_____ Manuscript Title: Hereditary Gastric and Breast Cancer Syndromes with lung metastasis: Narrative review of molecular and clinical insights Manuscript number (if known): _____

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

Nothing to declare

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

Date: ____28/01/2022 Your Name: ____Filippo Lococo_____ Manuscript Title: Hereditary Gastric and Breast Cancer Syndromes with lung metastasis: Narrative review of molecular and clinical insights Manuscript number (if known): _____

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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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

Date: ____28/01/2022_____ Your Name: ____Giovanni Corso_____ Manuscript Title: Hereditary Gastric and Breast Cancer Syndromes with lung metastasis: Narrative review of molecular and clinical insights Manuscript number (if known): _____

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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Date: ____28/01/2022_____ Your Name: _____Michele Ghidini Manuscript Title: Hereditary Gastric and Breast Cancer Syndromes with lung metastasis: Narrative review of molecular and clinical insights Manuscript number (if known): _____

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7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	_XNone

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Date: ____28/01/2022_____ Your Name: _____Nicola Fusco_____ Manuscript Title: Hereditary Gastric and Breast Cancer Syndromes with lung metastasis: Narrative review of molecular and clinical insights Manuscript number (if known): _____

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7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	_XNone

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