

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.

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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) Andrei	2. Surname (Last Name) Fodor	3. Date 18-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudio Fiorino
5. Manuscript Title Oligometastatic disease in prostate cancer, a continuously changing paradigm: patient selection and treatment strategy		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Fodor has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Cesare

2. Surname (Last Name)

Cozzarini

3. Date

18-December-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Claudio Fiorino

5. Manuscript Title

Oligometastatic disease in prostate cancer, a continuously changing paradigm: patient selection and treatment strategy

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Section 2. The Work Under Consideration for Publication

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Dr. Cozzarini has nothing to disclose.

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1. Given Name (First Name)
Nadia Gisella

2. Surname (Last Name)
Di Muzio

3. Date
18-December-2016

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Claudio Fiorino

5. Manuscript Title
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