

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Giorgio

2. Surname (Last Name)
Valabrega

3. Date
06-January-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Are cyclin-dependent kinases 4/6 inhibitors ready for prime time in estrogen-receptor positive metastatic breast cancer?

6. Manuscript Identifying Number (if you know it)

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Dr. Valabrega has nothing to disclose.

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1. Given Name (First Name)
Sofia

2. Surname (Last Name)
Genta

3. Date
06-January-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Giorgio Valabrega

5. Manuscript Title

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1. Given Name (First Name) Gloria	2. Surname (Last Name) Mittica	3. Date 06-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giorgio Valabrega
5. Manuscript Title Are cyclin-dependent kinases 4/6 inhibitors ready for prime time in estrogen-receptor positive metastatic breast cancer?		
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