

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) Marco	2. Surname (Last Name) Mazzotta	3. Date 26-September-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Patrizia Vici
5. Manuscript Title Is there a role for adjuvant pertuzumab in HER2-positive breast cancer?		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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Dr. Mazzotta has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Maddalena

2. Surname (Last Name)

Barba

3. Date

26-September-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Patrizia Vici

5. Manuscript Title

Is there a role for adjuvant pertuzumab in HER2-positive breast cancer?

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

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Dr. Barba has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Laura

2. Surname (Last Name)
Pizzuti

3. Date
26-September-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Patrizia Vici

5. Manuscript Title
Is there a role for adjuvant pertuzumab in HER2-positive breast cancer?

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Patrizia

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Vici

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26-September-2017

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