

#### **Instructions**

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Lisans and The material has been lisans and to an an

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Magno 1



| Section 1.                                   | Identifying Inform  | nation  |                               |  |
|--|---|---|-------------------------------|--|
| 1. Given Name (Fi                            | rst Name)   | 2. Surname (Last Name)<br>Magno                               |                               | 3. Date<br>10-January-2018   |
| 4. Are you the cor                           | responding author?  | ✓ Yes No  |                               |  |
| 5. Manuscript Title<br>Physical rehabili     | e<br>tation after breast canc                                 | er  |                               |  |
| 6. Manuscript Ider                           | ntifying Number (if you kr                                    | now it)   |                               |  |
|  |   |   | -                             |  |
| Section 2.                                   | The Work Under Co   | onsideration for Public                                       | ation                         |  |
| any aspect of the s<br>statistical analysis, | stitution <b>at any time</b> rece<br>ubmitted work (including | ive payment or services from<br>but not limited to grants, da | a third party (government, co | mmercial, private foundation, etc.) for esign, manuscript preparation,                               |
| Section 3.                                   | Relevant financial  | activities outside the s                                      | ubmitted work.                |  |
| of compensation clicking the "Add            | ) with entities as descri                                     | ibed in the instructions. Us<br>port relationships that wer   | e one line for each entity; a | ationships (regardless of amount<br>add as many lines as you need by<br>nonths prior to publication. |
| Section 4.                                   | Intellectual Proper   | rty Patents & Copyrig   | hts                           |  |
| Do you have any                              |   | .,  | oadly relevant to the work?   | ? ☐ Yes ✓ No   |

Magno 2



| Section 5.       |   |
|------------------|---|
| Section 5.       | Relationships not covered above   |
|                  | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?   |
| Yes, the follow  | wing relationships/conditions/circumstances are present (explain below):  |
| ✓ No other rela  | tionships/conditions/circumstances that present a potential conflict of interest  |
|                  | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements<br>rnals may ask authors to disclose further information about reported relationships. |
| Section 6.       | Disclosure Statement  |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box   |
| Dr. Magno has n  | othing to disclose.   |

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Filippone 1



| Section 1. Identifying Inform                                   | mation   |   |
|---|--|---|
| 1. Given Name (First Name)<br>Alessio                           | 2. Surname (Last Name)<br>Filippone                          | 3. Date<br>10-January-2018  |
| 4. Are you the corresponding author?                            | Yes ✓ No   | Corresponding Author's Name<br>Stefano Magno  |
| 5. Manuscript Title<br>Physical rehabilitation after breast can | icer   |   |
| 6. Manuscript Identifying Number (if you k                      | know it)   |   |
|   |  |   |
| Section 2. The Work Under C                                     | Consideration for Publi                                      | cation  |
|   | ng but not limited to grants, da                             | n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,  |
| Section 3. Relevant financia                                    | l activities outside the                                     | submitted work.   |
| of compensation) with entities as desc                          | ribed in the instructions. Use<br>port relationships that we | nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. |
| Section 4. Intellectual Property                                | Determine O. Commission                                      | ulata.  |
| Intellectual Prope  | erty Patents & Copyri  | gnts  |
| Do you have any patents, whether plan                           | nned, pending or issued, b                                   | roadly relevant to the work? Yes V No   |

Filippone 2



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| Section 1.                                      | Identifying Inform                      | ation  |  |
|---|---|--|--|
| 1. Given Name (Firs<br>Luana                    | st Name)                                | 2. Surname (Last Name)<br>Forcina                          | 3. Date<br>10-January-2018   |
| 4. Are you the corre                            | re you the corresponding author? Yes Vo |  | Corresponding Author's Name<br>Stefano Magno   |
| 5. Manuscript Title<br>Physical rehabilita      | ation after breast canc                 | er   |  |
| 6. Manuscript Ident                             | tifying Number (if you kn               | ow it)   |  |
|   |   |  | _  |
| Section 2.                                      | The Work Under Co                       | onsideration for Publi                                     | cation   |
| any aspect of the su<br>statistical analysis, e | bmitted work (including                 | but not limited to grants, da                              | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,   |
| Section 3.                                      | Relevant financial                      | activities outside the :                                   | submitted work.  |
| of compensation)<br>clicking the "Add           | with entities as descri                 | bed in the instructions. Use<br>port relationships that we | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> . |
| Section 4.                                      | Intellectual Proper                     | ty Patents & Copyri  | ghts   |
| Do you have any բ                               | oatents, whether plani                  | ned, pending or issued, b                                  | roadly relevant to the work? Yes V No  |

Forcina 2



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Maggi 1



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|--|--------------------------------------|---|--|
| 1. Given Name (Fi<br>Loredana                | rst Name)                            | 2. Surname (Last Name)<br>Maggi                             | 3. Date<br>10-January-2018   |
| 4. Are you the cor                           | you the corresponding author? Yes Vo |   | Corresponding Author's Name<br>Stefano Magno   |
| 5. Manuscript Title<br>Physical rehabilit    | e<br>tation after breast canc        | er  |  |
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| Do you have any                              | patents, whether plan                | ned, pending or issued, br                                  | oadly relevant to the work? Yes V No   |

Maggi 2



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| 1. Given Name (Fi<br>Gianpaolo  | rst Name)                     | 2. Surname (Last Name)<br>Ronconi | 3. Date<br>10-January-2018                   |
| 4. Are you the cor  | responding author?            | ☐ Yes 🗸 No                        | Corresponding Author's Name<br>Stefano Magno |
| 5. Manuscript Title<br>Physical rehabili  | e<br>tation after breast cand | cer                               |  |
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|   |                               |                                   |  |
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| Did you or your institution <b>at any time</b> 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  Your   |                               |                                   |  |
|   |                               |                                   |  |
| Section 3.  | Relevant financial            | activities outside the s          | submitted work.                              |
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| Are there any lei   | evant connicts of filter      | C3t: [ 163 <b>V</b> 110           |  |
| Section 4.  | 1 . 11 . 15                   |                                   |  |
| Jeenon II   | Intellectual Proper           | rty Patents & Copyric             | ghts   |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo   |                               |                                   |  |

Ronconi 2



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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.

# Identifying information.

# 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

### Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

# Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency **Licensed:** The patent has been licensed to an entity, whether

earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

Amabile 1



| Section 1.  | Identifying Inform            | nation                            |  |  |
|---|-------------------------------|-----------------------------------|--|--|
| 1. Given Name (Fi<br>Eugenia  | rst Name)                     | 2. Surname (Last Name)<br>Amabile | 3. Date<br>10-January-2018                   |  |
| 4. Are you the cor  | responding author?            | ☐ Yes 🗸 No                        | Corresponding Author's Name<br>Stefano Magno |  |
| 5. Manuscript Title<br>Physical rehabili  | e<br>tation after breast cand | cer                               |  |  |
| 6. Manuscript Ide   | ntifying Number (if you kr    | now it)                           |  |  |
|   |                               |                                   | _  |  |
| Section 2.  | The Work Under C              | onsideration for Public           | cation                                       |  |
| Did you or your institution <b>at any time</b> 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  V No   |                               |                                   |  |  |
|   |                               |                                   |  |  |
| Section 3.  | Relevant financial            | activities outside the s          | submitted work.                              |  |
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| Are there any fer   | evant connicts of intere      | est? Yes ✓ No                     |  |  |
| Section 4.  | Intallactual Duana            | why Datonts 9 Commis              | ula é a                                      |  |
|   | intellectual Propel           | rty Patents & Copyric             | jnts ————————————————————————————————————    |  |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo   |                               |                                   |  |  |

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| Section 5. Relationships not severed above   |
|--|
| Relationships not covered above  |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?  |
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| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest  |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. Disclosure Statement  |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.  |
| Dr. Amabile has nothing to disclose.   |

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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Ferrara 1



| Section 1.  | dentifying Inform   | ation                             |  |  |
|---|---------------------|-----------------------------------|--|--|
| 1. Given Name (First Name)<br>Paola Emilia  |                     | 2. Surname (Last Name)<br>Ferrara | 3. Date<br>10-January-2018                   |  |
| 4. Are you the corresponding author?  |                     | Yes ✓ No                          | Corresponding Author's Name<br>Stefano Magno |  |
| 5. Manuscript Title Physical rehabilitation after breast cancer   |                     | er                                |  |  |
| 6. Manuscript Identifying Number (if you know it)   |                     |                                   |  |  |
|   |                     |                                   | -  |  |
| Section 2. The Work Under Consideration for Publication   |                     |                                   |  |  |
| Did you or your institution <b>at any time</b> 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. Re   | elevant financial a | activities outside the s          | submitted work.                              |  |
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| Section 4. In   | tellectual Proper   | ty Patents & Copyric              | ghts   |  |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo   |                     |                                   |  |  |

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| Section 5. Relationships not covered above  |  |  |
|---|--|--|
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| Yes, the following relationships/conditions/circumstances are present (explain below):  No other relationships/conditions/circumstances that present a potential conflict of interest   |  |  |
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