

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Fabiana

2. Surname (Last Name)  
Gregucci

3. Date  
09-August-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Alba Fiorentino

5. Manuscript Title  
Postmastectomy radiation therapy in women with T1-T2 tumors and 1 to 3 positive lymph nodes: analysis of the breast international group 02-98 trial

6. Manuscript Identifying Number (if you know it)

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Dr. Gregucci 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) Maria Carmen	2. Surname (Last Name) De Santis	3. Date 09-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alba Fiorentino
5. Manuscript Title Postmastectomy radiation therapy in women with T1-T2 tumors and 1 to 3 positive lymph nodes: analysis of the breast international group 02-98 trial		
6. Manuscript Identifying Number (if you know it)		

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Dr. De Santis has nothing to disclose.

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1. Given Name (First Name) Laura	2. Surname (Last Name) Lozza	3. Date 09-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alba Fiorentino
5. Manuscript Title Postmastectomy radiation therapy in women with T1-T2 tumors and 1 to 3 positive lymph nodes: analysis of the breast international group 02-98 trial		
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Alba

2. Surname (Last Name)

Fiorentino

3. Date

09-August-2018

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Yes  No

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