

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)
Valerio

2. Surname (Last Name)
Nardone

3. Date
21-June-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
The role of radiation therapy and systemic therapies in elderly with breast cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Nardone has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Sara

2. Surname (Last Name)

Falivene

3. Date

21-June-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Valerio Nardone

5. Manuscript Title

The role of radiation therapy and systemic therapies in elderly with breast cancer

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Francesca Maria

2. Surname (Last Name)
Giugliano

3. Date
21-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Valerio Nardone

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Marcella	2. Surname (Last Name) Gaetano	3. Date 21-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Valerio Nardone
5. Manuscript Title The role of radiation therapy and systemic therapies in elderly with breast cancer		
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Pasqualina

2. Surname (Last Name)
Giordano

3. Date
21-June-2019

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Yes No

Corresponding Author's Name
Valerio Nardone

5. Manuscript Title

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Matteo

2. Surname (Last Name)
Muto

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21-June-2019

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Yes No

Corresponding Author's Name
Valerio Nardone

5. Manuscript Title
The role of radiation therapy and systemic therapies in elderly with breast cancer

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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

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1. Given Name (First Name)
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2. Surname (Last Name)
Daniele

3. Date
21-June-2019

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Yes No

Corresponding Author's Name
Valerio Nardone

5. Manuscript Title

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Cesare

2. Surname (Last Name)
Guida

3. Date
21-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Valerio Nardone

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