

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Fulvio

2. Surname (Last Name)  
Zaccagna

3. Date  
19-September-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
MRgFUS for liver and pancreas cancer treatments: the Umberto I hospital experience

6. Manuscript Identifying Number (if you know it)

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Dr. Zaccagna has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Michele

2. Surname (Last Name)

Anzidei

3. Date

19-September-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Fulvio Zaccagna

5. Manuscript Title

MRgFUS for liver and pancreas cancer treatments: the Umberto I hospital experience

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Dr. Anzidei has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Francesco

2. Surname (Last Name)  
Sandolo

3. Date  
19-September-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Fulvio Zaccagna

5. Manuscript Title  
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Dr. Sandolo has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Beatrice Cavallo	2. Surname (Last Name) Marincola	3. Date 19-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fulvio Zaccagna
5. Manuscript Title MRgFUS for liver and pancreas cancer treatments: the Umberto I hospital experience		
6. Manuscript Identifying Number (if you know it)		

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Dr. Marincola has nothing to disclose.

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Carola

2. Surname (Last Name)

Palla

3. Date

19-September-2014

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Yes  No

Corresponding Author's Name

Fulvio Zaccagna

5. Manuscript Title

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**Issued:** The patent has been issued by the agency

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andrea	2. Surname (Last Name) Leonardi	3. Date 19-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fulvio Zaccagna
5. Manuscript Title MRgFUS for liver and pancreas cancer treatments: the Umberto I hospital experience		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. 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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### 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. Leonardi has nothing to disclose.

### Evaluation and Feedback

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Gianluca

2. Surname (Last Name)

Caliolo

3. Date

19-September-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Fulvio Zaccagna

5. Manuscript Title

MRgFUS for liver and pancreas cancer treatments: the Umberto I hospital experience

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

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Caliolo 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) Fabrizio	2. Surname (Last Name) Andreani	3. Date 19-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fulvio Zaccagna
5. Manuscript Title MRgFUS for liver and pancreas cancer treatments: the Umberto I hospital experience		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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. Andreani 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) Valeria	2. Surname (Last Name) De Soccio	3. Date 19-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fulvio Zaccagna
5. Manuscript Title MRgFUS for liver and pancreas cancer treatments: the Umberto I hospital experience		
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

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. De Soccio 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) Carlo	2. Surname (Last Name) Catalano	3. Date 19-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fulvio Zaccagna
5. Manuscript Title MRgFUS for liver and pancreas cancer treatments: the Umberto I hospital experience		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Alessandro	2. Surname (Last Name) Napoli	3. Date 19-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fulvio Zaccagna
5. Manuscript Title MRgFUS for liver and pancreas cancer treatments: the Umberto I hospital experience		
6. Manuscript Identifying Number (if you know it) _____		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Napoli has nothing to disclose.

### Evaluation and Feedback

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