Date:	Sept	. 14 <sup>th</sup> , 20	22									
Your N	Name:	Loren	zo Innocei	nti								
Manus	script Tit	le: <u>INTR</u>	ADUCTAL (	ONCOCYTIC	<b>PAPILLARY</b>	<b>NEOPLASMS</b>	(IOPN):	TWO CAS	E REPORTS	AND R	REVIEW	OF THE
LITER/	ATURE											
Manus	script nu	mber (if	known): _									

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone	
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: _	Sept.	14 <sup>th</sup> , 2022								
Your N	ame:	Maria Isabell	a Rotondo							
Manus	cript Titl	e: <u>INTRADUCT</u>	AL ONCOCYTIC	PAPILLARY	<b>NEOPLASMS</b>	(IOPN): TV	<b>VO CASE</b>	<b>REPORTS</b>	AND REVIEV	N OF THE
<b>LITERA</b>	<u>TURE</u>									
Manus	cript nur	nber (if known)	:							

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Date: _	Sept.	14 <sup>th</sup> , 2022						_	
Your Na	me:	Francescamari	a Donati					_	
Manuso	ript Title	e: <u>INTRADUCTAL</u>	ONCOCYTIC P	APILLARY NEOF	PLASMS (IOPN):	TWO CASE	<b>REPORTS AND</b>	<b>REVIEW</b>	OF THE
<b>LITERA</b> 1	<u>URE</u>								
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10	Leadership or fiduciary role	X None	
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	writing, gifts or other services		
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	cestimony		
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	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V Nava	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
12	materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: Sept. 14 <sup>th</sup> , 2022	
Your Name: Daniela Campani	
Manuscript Title: INTRADUCTAL ONCOCYTIC PAPILLARY NEOPLASMS (IOPN): TWO	O CASE REPORTS AND REVIEW OF THE
<u>LITERATURE</u>	
Manuscript number (if known):	

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