Date:	9/3/2023
Your Name:	Maria Ilenia Passalacqua
Manuscript Title:	Therapeutic strategies of HER2-positive breast cancer with brain metastases central nervous system involvement: a literature review and future perspectives
Manuscript Number (if known):	Click or tap here to enter text.

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4	Consulting fees	None None	
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6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
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11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:  [   I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	9/4/2023
Your Name:	Giuliana Ciappina
Manuscript Title:	Therapeutic strategies of HER2-positive breast cancer with central nervous system involvement: a literature review and future perspectives
Manuscript Number (if known):	Click or tap here to enter text.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	⊠ None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:		9/4/2023		
Your Name:		Martina Di Pietro		
Manuscript Title:		Therapeutic strategies of HER2-post system involvement: a literature rev	itive breast cancer with central nervous	
Manuscript Number (i	known):	Click or tap here to enter text.		
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epidemiology of hypert	The author's relationships/activities/interests should be defined broadly. 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.			
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		Time frame: Since the initial planning	of the work	
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.	[x] 1	None	Click the tab key to add additional rows.	
		Time frame: past 36 month	ns	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x None	
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11	Stock or stock options	X  None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	x None	
Plea [x]	Please place an "X" next to the following statement to indicate your agreement:    X		

04/09/2023

Date:

Your Name:			CALOGERA CLAUDIA SPAGNOLO	CALOGERA CLAUDIA SPAGNOLO	
Manuscript Title:			strategies of HER2-positive breast cancer with central nervous system involvement: a literature review and future perspectives.		
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.		
confliction affer indicate ind	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 author's relationships/activities/interests should be defined broadly. 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.				
	ne for disclosure is the		·	ithout time limit. For all other items, the time	
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			Time frame: Since the initial planning	of the work	
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			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
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		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)	
11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	⊠ None		
Plea	Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this form			

Date:	9/3/2023
Your Name:	Andrea Squeri
Manuscript Title:	[Therapeutic strategies of HER2-positive breast cancer with central nervous system involvement: a literature review and future perspectives
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		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
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Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:  I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Andr Squeri

Your Name:  Manuscript Title:			O4/09/23  Barbara Granata  Therapeutic strategies of HER2-positive breast cancer with central nervous system involvement: a literature review and future perspectives or t		
M	anuscript Number (if kn	nown):	Click or tap here to enter text.		
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			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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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.	X No	one	Click the tab key to add additional rows.	
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	P None	

		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)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	⊠ None	

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Your Name: Manuscript Title:		Paola Muscolino	Paola Muscolino  Therapeutic strategies of HER2-positive breast cancer with central nervous system involvement: a literature review and future perspectives or t		
Man	nuscript Number (if kno	wn): Click or tap here to enter text.			
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that In it	demiology of hypertensi t medication is not men	tioned in the manuscript.  support for the work reported in this manuscrip	or example, if your manuscript pertains to the nufacturers of antihypertensive medication, even if our without time limit. For all other items, the time		
	N	ame all entities with whom you have this elationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial plann	ing 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.	None	Click the tab key to add additional rows.		
		Time frame: past 36 mo	nths		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None			
3	Royalties or licenses	☑ None			

Date

	r.	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments we made to you or to your institution)
1	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None None	

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Curlarelt shat

Date:			9/6/2023				
Your Name:			MARIACARMELA SANTARPIA				
Manuscript Title:			Therapeutic strategies of HER2-positive breast cancer with central nervous system involvement: a literature review and future perspectives				
Manuscript Number (if known):		nown):	Click or tap here to enter text.				
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2	Grants or contracts from any entity (if not indicated in item #1 above).	X I	None				
3	Royalties or	ΧΙ	None				

		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)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None  ROCHE, BMS, NOVARTIS, ASTRA ZENECA	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

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