

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Marco

2. Surname (Last Name)

Krengli

3. Date

07-September-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Radiotherapy in COVID-19 patient affected by multiple myeloma. A case report

6. Manuscript Identifying Number (if you know it)

TCR-20-2172-R1

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

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Dr. Krenqli 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)

Debora

2. Surname (Last Name)

Beldi

3. Date

09-September-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Marco Krengli

5. Manuscript Title

Radiotherapy in COVID-19 patient affected by multiple myeloma. A case report.

6. Manuscript Identifying Number (if you know it)

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Dr. Beldi has nothing to disclose.

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1. Given Name (First Name)

Eleonora

2. Surname (Last Name)

Ferrara

3. Date

09-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Marco Krengli

5. Manuscript Title

Radiotherapy in COVID-19 patient affected by multiple myeloma. A case report.

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Dr. Ferrara has nothing to disclose.

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1. Given Name (First Name)

Micol

2. Surname (Last Name)

Zannetti

3. Date

09-September-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Marco Krengli

5. Manuscript Title

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Federico

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Mastroleo

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09-September-2020

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Yes  No

Corresponding Author's Name

Marco Krengli

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Dr. Mastroleo has nothing to disclose.

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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) Lorenzo	2. Surname (Last Name) De Paoli	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marco Krengli
5. Manuscript Title Radiotherapy in COVID-19 patient affected by multiple myeloma. A case report.		
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

---

### 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. De Paoli 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)

Mariangela

2. Surname (Last Name)

Greco

3. Date

09-September-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Marco Krengli

5. Manuscript Title

Radiotherapy in COVID-19 patient affected by multiple myeloma. A case report.

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

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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. Greco 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)

Erica

2. Surname (Last Name)

Matino

3. Date

09-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Marco Krengli

5. Manuscript Title

Radiotherapy in COVID-19 patient affected by multiple myeloma. A case report.

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. Matino 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)

Mario

2. Surname (Last Name)

Pirisi

3. Date

09-September-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Marco Krengli

5. Manuscript Title

Radiotherapy in COVID-19 patient affected by multiple myeloma. A case report.

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

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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. Pirisi 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)  
Gianluca

2. Surname (Last Name)  
Gaidano

3. Date  
28-August-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Marco Krengli

5. Manuscript Title  
Radiotherapy in COVID-19 patient affected by multiple myeloma. A case report

6. Manuscript Identifying Number (if you know it)  
TCR-20-2172-R1

### 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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board, Speakers' bureau
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board, Speakers' bureau
Astra-Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board
Sunesys	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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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Dr. Gaidano reports personal fees from Abbvie, personal fees from Janssen, personal fees from Astra-Zeneca, personal fees from Sunesys, outside the submitted work; .

### Evaluation and Feedback

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