ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gian Maria

2. Surname (Last Name)  
   Ferretti

3. Date  
   04-December-2019

4. Are you the corresponding author?  
   Yes / No

5. Manuscript Title  
   Multidisciplinary surgical intensive treatment of an extended thoracic wall infiltration by a giant breast sarcoma: a case report

6. Manuscript Identifying Number (if you know it)  
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Dr. Ferretti has nothing to disclose.

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1. Given Name (First Name)  
   Elisa

2. Surname (Last Name)  
   Meacci

3. Date  
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   Yes  No

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   Gian Maria Ferretti

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1. Given Name (First Name)  
   Dania

2. Surname (Last Name)  
   Nachira

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   04-December-2019

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Gian Maria Ferretti

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Maria Teresa

2. Surname (Last Name)  
Congedo

3. Date  
04-December-2019

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Gian Maria Ferretti

5. Manuscript Title  
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<tbody>
<tr>
<td>Elizabeth Katherine Anna</td>
<td>Triumbari</td>
<td>04-December-2019</td>
</tr>
</tbody>
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Corresponding Author’s Name: Gian Maria Ferretti

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)  Luca
2. Surname (Last Name)  Pogliani
3. Date  04-December-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Gian Maria Ferretti
5. Manuscript Title
   Multidisciplinary surgical intensive treatment of an extended thoracic wall infiltration by a giant breast sarcoma: a case report
6. Manuscript Identifying Number (if you know it)
   CCTS-2019-TSB-08

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Pogliani has nothing to disclose.

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<td>Edoardo</td>
<td>Zanfrini</td>
<td>04-December-2019</td>
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Corresponding Author's Name

Gian Maria Ferretti

5. Manuscript Title

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Zanfrini
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Dr. Zanfrini has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Amedeo Giuseppe

2. Surname (Last Name)  
   Iaffaldano

3. Date  
   04-December-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author's Name  
   Gian Maria Ferretti

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

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Visconti
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Giuseppe

2. Surname (Last Name)  
   Visconti

3. Date  
   04-December-2019

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name:  
   Gian Maria Ferretti

5. Manuscript Title  
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   Alessandro

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   Bianchi

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Dr. Bianchi has nothing to disclose.

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   Stefano

2. Surname (Last Name)  
   Margaritora

3. Date  
   04-December-2019

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Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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Dr. Margaritora has nothing to disclose.

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