ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Elie

2. Surname (Last Name)  
   Rassy

3. Date  
   28-March-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Narrative Review on Serous Primary Peritoneal Carcinoma of Unknown Primary Site: Four Questions to be Answered

6. Manuscript Identifying Number (if you know it)  
   ATM-2020-OC-02(ATM-20-941)

Section 2. The Work Under Consideration for Publication

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   ✔ No

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Dr. Rassy has nothing to disclose.

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|-----------------------------|------------------------|---------|
| Tarek                       | Assi                   | 28-March-2020 |

4. Are you the corresponding author?  
   - [ ] Yes  
   - [✓] No  

Corresponding Author’s Name: Elie Rassy

5. Manuscript Title  
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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Stergios
2. **Surname (Last Name)**
   Boussios
3. **Date**
   28-March-2020
4. **Are you the corresponding author?**
   - Yes
   - No ✔
5. **Manuscript Title**
   Narrative Review on Serous Primary Peritoneal Carcinoma of Unknown Primary Site: Four Questions to be Answered
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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| Joseph                     | Kattan                 | 28-March-2020 |

4. Are you the corresponding author? □ Yes ✔ No

Corresponding Author's Name: Elie Rassy

5. Manuscript Title
Narrative Review on Serous Primary Peritoneal Carcinoma of Unknown Primary Site: Four Questions to be Answered

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Julie

2. Surname (Last Name)  
Smith-Gagen

3. Date  
28-March-2020

4. Are you the corresponding author?  
☑ Yes  
☐ No  
Corresponding Author’s Name  
Elie Rassy

5. Manuscript Title  
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Dr. Smith-Gagen 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)  Nicholas
2. Surname (Last Name)  Pavlidis
3. Date  28-March-2020
4. Are you the corresponding author?  Yes  ☑  No
   Corresponding Author’s Name  Elie Rassy
5. Manuscript Title  Narrative Review on Serous Primary Peritoneal Carcinoma of Unknown Primary Site: Four Questions to be Answered
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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. Pavlidis has nothing to disclose.

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