ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   Francesco

2. **Surname (Last Name)**
   Stilo

3. **Date**
   11-February-2020

4. **Are you the corresponding author?**
   ✔ Yes  ❌ No

5. **Manuscript Title**
   EARLY BI- AND THREE-DIMENSIONAL ANEURYSM SAC VARIATION IN PREDICTING LONG-TERM EVAR RESULTS

6. **Manuscript Identifying Number (if you know it)**

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Dr. Stilo 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)  Nunzio
2. Surname (Last Name)  Montelione
3. Date  11-April-2020
4. Are you the corresponding author?  ✔ Yes  ❑ No

5. Manuscript Title
THE MANAGEMENT OF CAROTID RESTENOSIS. A COMPREHENSIVE REVIEW

6. Manuscript Identifying Number (if you know it)
ATM-2020-CASS-06(ATM-20-963

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Rosalinda

2. Surname (Last Name)  
   Di Calandrelli

3. Date  
   11-April-2020

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

   Corresponding Author’s Name  
   Nunzio Montelione

5. Manuscript Title  
   THE MANAGEMENT OF CAROTID RESTENOSIS. A COMPREHENSIVE REVIEW

6. Manuscript Identifying Number (if you know it)  
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- No  
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Section 1. Identifying Information

1. Given Name (First Name)  
   Marisa

2. Surname (Last Name)  
   Distefano

3. Date  
   11-April-2020

4. Are you the corresponding author?  
   Yes  ☑  No

   Corresponding Author’s Name  
   Nunzio Montelione

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Dr. Distefano has nothing to disclose.

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1. Given Name (First Name) Francesco
2. Surname (Last Name) Spinelli
3. Date 11-February-2020
4. Are you the corresponding author? ✔ Yes  No

5. Manuscript Title EARLY BI- AND THREE-DIMENSIONAL ANEURYSM SAC VARIATION IN PREDICTING LONG-TERM EVAR RESULTS

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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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)  
   Vincenzo

2. Surname (Last Name)  
   Di Lazzaro

3. Date  
   11-April-2020

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

   Corresponding Author’s Name  
   Nunzio Montelione

5. Manuscript Title  
   THE MANAGEMENT OF CAROTID RESTENOSIS. A COMPREHENSIVE REVIEW

6. Manuscript Identifying Number (if you know it)  
   ATM-2020-CASS-06(ATM-20-963

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Are there any relevant conflicts of interest?  
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Di Lazzaro has nothing to disclose.

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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.

1. Identifying information.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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5. Relationships not covered above.

Use this section to report 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 1. Identifying Information

1. Given Name (First Name) Fabio
2. Surname (Last Name) Pilato
3. Date 11-April-2020
4. Are you the corresponding author? No
   Corresponding Author's Name Nunzio Montelione

5. Manuscript Title
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