

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 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.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Annamaria	2. Surname (Last Name) Brioli	3. Date 30-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michele Cavo
5. Manuscript Title PERIPHERAL NEUROPATHY INDUCED BY SUBCUTANEOUS BORTEZOMIB-BASED THERAPY FOR NEWLY DIAGNOSED MULTIPLE MYELOMA		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110221		

### 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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### 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. Brioli 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) Beatrice	2. Surname (Last Name) Zannetti	3. Date 30-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michele Cavo
5. Manuscript Title PERIPHERAL NEUROPATHY INDUCED BY SUBCUTANEOUS BORTEZOMIB-BASED THERAPY FOR NEWLY DIAGNOSED MULTIPLE MYELOMA		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110221		

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Dr. Zannetti has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Elena	2. Surname (Last Name) Zamagni	3. Date 30-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michele Cavo
5. Manuscript Title PERIPHERAL NEUROPATHY INDUCED BY SUBCUTANEOUS BORTEZOMIB-BASED THERAPY FOR NEWLY DIAGNOSED MULTIPLE MYELOMA		
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Are there any relevant conflicts of interest?  Yes  No

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Dr. Zamagni has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Paola	2. Surname (Last Name) Tacchetti	3. Date 30-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michele Cavo
5. Manuscript Title PERIPHERAL NEUROPATHY INDUCED BY SUBCUTANEOUS BORTEZOMIB-BASED THERAPY FOR NEWLY DIAGNOSED MULTIPLE MYELOMA		
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### Section 1. Identifying Information

1. Given Name (First Name) Lucia	2. Surname (Last Name) Pantanti	3. Date 30-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michele Cavo
5. Manuscript Title PERIPHERAL NEUROPATHY INDUCED BY SUBCUTANEOUS BORTEZOMIB-BASED THERAPY FOR NEWLY DIAGNOSED MULTIPLE MYELOMA		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Katia	2. Surname (Last Name) Mancuso	3. Date 30-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michele Cavo
5. Manuscript Title PERIPHERAL NEUROPATHY INDUCED BY SUBCUTANEOUS BORTEZOMIB-BASED THERAPY FOR NEWLY DIAGNOSED MULTIPLE MYELOMA		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110221		

### 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

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### Section 5. Relationships not covered above

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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. Mancuso 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) Annalisa	2. Surname (Last Name) Pezzi	3. Date 30-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michele Cavo
5. Manuscript Title PERIPHERAL NEUROPATHY INDUCED BY SUBCUTANEOUS BORTEZOMIB-BASED THERAPY FOR NEWLY DIAGNOSED MULTIPLE MYELOMA		
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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. Pezzi 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) Serena	2. Surname (Last Name) Rocchi	3. Date 30-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michele Cavo
5. Manuscript Title PERIPHERAL NEUROPATHY INDUCED BY SUBCUTANEOUS BORTEZOMIB-BASED THERAPY FOR NEWLY DIAGNOSED MULTIPLE MYELOMA		
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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. Rocchi 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) Michele	2. Surname (Last Name) Cavo	3. Date 30-June-2014
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title PERIPHERAL NEUROPATHY INDUCED BY SUBCUTANEOUS BORTEZOMIB-BASED THERAPY FOR NEWLY DIAGNOSED MULTIPLE MYELOMA		
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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Celgene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant and honoraria
Janssen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant and honoraria
Bristol Myers Squibb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant and honoraria
Millenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant and honoraria

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Cavo reports other from Celgene, other from Janssen, other from Bristol Myers Squibb , other from Millenium, outside the submitted work; .

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