ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Orestis
2. Surname (Last Name)  Tsonis
3. Date  24-March-2020
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Stergios Boussios
5. Manuscript Title
   Upfront debulking surgery for high-grade serous ovarian carcinoma: Current Evidence
6. Manuscript Identifying Number (if you know it)
   ATM-2020-0C-05 (ATM-20-1620)

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Are there any relevant conflicts of interest?  ☑ No

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Are there any relevant conflicts of interest?  ☑ No

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Dr. Tsonis has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Fani

2. Surname (Last Name)  
   Gkrozou

3. Date  
   24-March-2020

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

   Corresponding Author’s Name  
   Stergios Boussios

5. Manuscript Title  
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Dr. Gkrozou 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)  Konstantinos
2. Surname (Last Name)  Vlachos
3. Date  25-March-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Stergios Boussios
5. Manuscript Title
   Upfront debulking surgery for high-grade ovarian carcinoma: Current evidence
6. Manuscript Identifying Number (if you know it)
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Dr. Vlachos 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) Minas
2. Surname (Last Name) Paschopoulos
3. Date 24-March-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Stergios Boussios
5. Manuscript Title
   Upfront debulking surgery for high-grade serous ovarian carcinoma: Current Evidence
6. Manuscript Identifying Number (if you know it)
   ATM-2020-0C-05 (ATM-20-1620)

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Dr. Paschopoulos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Michail
2. Surname (Last Name)  Mitsis
3. Date  24-March-2020

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

Corresponding Author’s Name  Stergios Boussios

5. Manuscript Title  Upfront debulking surgery for high-grade serous ovarian carcinoma: Current Evidence

6. Manuscript Identifying Number (if you know it)  ATM-2020-0C-05 (ATM-20-1620)

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Dr. Mitsis 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)  
   Nikolaos

2. Surname (Last Name)  
   Zakynthinakis-Kyriakou

3. Date  
   24-March-2020

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

   Corresponding Author’s Name  
   Stergios Boussios

5. Manuscript Title  
   Upfront debulking surgery for high-grade serous ovarian carcinoma: Current Evidence

6. Manuscript Identifying Number (if you know it)  
   ATM-2020-0C-05 (ATM-20-1620)

## 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.

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.

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

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Section 6. Disclosure Statement

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Dr. Zakynthinakis-Kyriakou has nothing to disclose.

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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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1. Given Name (First Name) Stergios
2. Surname (Last Name) Boussios
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Dr. Boussios has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>George</th>
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<td>2. Surname (Last Name)</td>
<td>Pappas-Gogos</td>
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