

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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2. The work under consideration for publication.

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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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Royalties: Funds are coming in to you or your institution due to your patent



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Dimitra	irst Name)	2. Surname (Last Name) Grapsa	3. Date 12-May-2016
4. Are you the corresponding author? \qquad Yes \checkmark No		Yes 🖌 No	Corresponding Author's Name Konstantinos Syrigos
5. Manuscript Titl Recurrence of RI		fter Treatment with Nivolu	ımab
6. Manuscript Ide L16-0137	ntifying Number (if you	know it)	

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	1
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Grapsa has nothing to disclose.

Evaluation and Feedback

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Section 1.	Identifying Info	rmation	
1. Given Name (Fi Konstantinos	rst Name)	2. Surname (Last Name) Syrigos	3. Date 12-May-2016
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Titl Recurrence of RI		after Treatment with Nivolumab	
6. Manuscript Ide L16-0137	ntifying Number (if you	ı know it)	

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Are there any relevant conflicts of interest?		Yes	
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1. Given Name (Fi Sofia	irst Name)	2. Surname (Last Name) Tsagouli		3. Date 13-May-2016
4. Are you the corresponding author? Yes Ves		Corresponding Author's Nam Konstantinos Syrigos	e	
5. Manuscript Titl Recurrence of RI		fter Treatment with Nivolu	ımab	
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