

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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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)

Andrea

2. Surname (Last Name)

Santucci

3. Date

01-May-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Marco Valgimigli

5. Manuscript Title

Use of the Dual Antiplatelet Therapy (DAPT) Score to Guide Treatment Duration after Percutaneous Coronary Intervention

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Santucci 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) Anna	2. Surname (Last Name) Franzone	3. Date 02-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Dual Antiplatelet Therapy (DAPT) Score to Guide Treatment Duration in Unselected Patients Undergoing a Long or Short Duration of DAPT after Percutaneous Coronary Intervention		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Franzone 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) Sara	2. Surname (Last Name) Ariotti	3. Date 02-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marco Valgimigli
5. Manuscript Title Dual Antiplatelet Therapy (DAPT) Score to Guide Treatment Duration in Unselected Patients Undergoing a Long or Short Duration of DAPT after Percutaneous Coronary Intervention		
6. Manuscript Identifying Number (if you know it) M16-2389		

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Dr. Ariotti 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)
Raffaele

2. Surname (Last Name)
Piccolo

3. Date
08-February-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
Dual Antiplatelet Therapy (DAPT) Score to Guide Treatment Duration in Unselected Patients Undergoing a Long or Short Duration of DAPT after Percutaneous Coronary Intervention

6. Manuscript Identifying Number (if you know it)

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research grant from the Veronesi Foundation

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Dr. Piccolo reports research grant from the Veronesi Foundation.

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Section 1. Identifying Information

1. Given Name (First Name)

Aris

2. Surname (Last Name)

Moschovitis

3. Date

14-February-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Dual Antiplatelet Therapy (DAPT) Score to Guide Treatment Duration in Unselected Patients Undergoing a Long or Short Duration of DAPT after Percutaneous Coronary Intervention

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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) Marco 2. Surname (Last Name) Valgimigli 3. Date 24-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Use of the Dual Antiplatelet Therapy (DAPT) Score to Guide Treatment Duration after Percutaneous Coronary Intervention

6. Manuscript Identifying Number (if you know it)

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Terumo Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Astrazeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there 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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Valgimigli reports personal fees and lecture fees from AstraZeneca, personal fees from Bayer, grants to the Institution and personal fees from Terumo Medical, grants to the Institution from Astrazeneca, grants to the Instituion from Medicure, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Carlo	2. Surname (Last Name) Tumscitz	3. Date 21-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name valgimigli
5. Manuscript Title Use of the Dual Antiplatelet Therapy (DAPT) Score to Guide Treatment Duration after Percutaneous Coronary Intervention		
6. Manuscript Identifying Number (if you know it)		

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

Are there 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name)
 Stephan Windecker

3. Date
 21-March-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
 Use of the Dual Antiplatelet Therapy (DAPT) Score to Guide Treatment Duration after Percutaneous Coronary Intervention

6. Manuscript Identifying Number (if you know it)
 M16-2389

Section 2. The Work Under Consideration for Publication

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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
Biotronik	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boston Scientific	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bracco Pharmaceutical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daiichi Sankyo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Edwards Lifesciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medtronic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Terumo Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
St Jude Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Dr. Windecker reports grants from Biotronik, grants and personal fees from Boston Scientific, grants from Bracco Pharmaceutical, personal fees from Daiichi Sankyo, grants from Edwards Lifesciences, grants from Medtronic, grants from Terumo Inc, grants from St Jude Medical, outside the submitted work;.

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____ Giuseppe

2. Surname (Last Name) _____ Gargiulo

3. Date _____ 03-February-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name _____ Marco Valgimigli

5. Manuscript Title _____ Dual Antiplatelet Therapy (DAPT) Score to Guide Treatment Duration in Unselected Patients Undergoing a Long or Short Duration of DAPT after Percutaneous Coronary Intervention

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

Section 2. The Work Under Consideration for Publication

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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
Cardiopath PhD program (Federico II University of Naples)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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Dr. Gargiulo reports research grant support from Cardiopath PhD program (Federico II University of Naples), outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrea	2. Surname (Last Name) Baldo	3. Date 07-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Valgimigli Marco
5. Manuscript Title "Dual Antiplatelet Therapy (DAPT) Score to Guide Treatment Duration in Unselected Patients Undergoing a Long or Short Duration of DAPT after Percutaneous Coronary Intervention"		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Baldo has nothing to disclose.

Evaluation and Feedback

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