

## 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)  
Michalina

2. Surname (Last Name)  
Kołodziejczak

3. Date  
05-May-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Eliano Pio Navarese

5. Manuscript Title  
Implantable Cardioverter-Defibrillator for Primary Prevention in Patients with Ischemic or Non-Ischemic Cardiomyopathy. A Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)  
ID# M17-0120

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Dr. Kołodziejczak 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)

Julia

2. Surname (Last Name)

Umińska

3. Date

17-May-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Implantable Cardioverter-Defibrillator for Primary Prevention in Patients with Ischemic or Non-Ischemic Cardiomyopathy. A Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)

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Dr. Umińska has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Mariusz

2. Surname (Last Name)  
Kowalewski

3. Date  
17-May-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Eliano Navarese

5. Manuscript Title  
Implantable Cardioverter-Defibrillator for Primary Prevention in Patients with Ischemic or Non-Ischemic Cardiomyopathy. A Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Kevin	2. Surname (Last Name) Bliden	3. Date 23-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eliano Navarrese
5. Manuscript Title "Implantable Cardioverter-Defibrillators for Primary Prevention in Patients With Ischemic or Nonischemic Cardiomyopathy. A Systematic Review and Meta-analysis"		
6. Manuscript Identifying Number (if you know it) unknown		

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1. Given Name (First Name) Pietro	2. Surname (Last Name) Scicchitano	3. Date 23-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name prof. Eliano Pio Navarese
5. Manuscript Title Implantable Cardioverter-Defibrillator for Primary Prevention in Patients with Ischemic or Non-Ischemic Cardiomyopathy. A Systematic Review and Meta-Analysis		
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Dr. Scicchitano has nothing to disclose.

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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)  
Filippo

2. Surname (Last Name)  
Crea

3. Date  
19-May-2017

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

5. Manuscript Title  
Implantable Cardioverter-Defibrillator for Primary Prevention in Patients with Ischemic or Non-Ischemic Cardiomyopathy. A Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Marco Matteo

2. Surname (Last Name)

Ciccone

3. Date

18-May-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Eliano Navarese

5. Manuscript Title

"Implantable Cardioverter-Defibrillator for Primary Prevention in Patients with Ischemic or Non-Ischemic Cardiomyopathy. A Systematic Review and Meta-Analysis"

6. Manuscript Identifying Number (if you know it)

M17-0120

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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

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Dr. Ciccone 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)  
Alessandro

2. Surname (Last Name)  
Bortone

3. Date  
19-May-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Eliano Navarese

5. Manuscript Title  
Implantable Cardioverter-Defibrillator for Primary Prevention in Patients with Ischemic or Non-Ischemic Cardiomyopathy. A Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)

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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. Bortone 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)  
Paul

2. Surname (Last Name)  
Gurbel

3. Date  
31-May-2017

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

5. Manuscript Title  
Implantable Cardioverter-Defibrillators for Primary Prevention in Patients With Ischemic or Nonischemic Cardiomyopathy. A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Haemonetics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DCRI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MedImmune	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coramed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boehringer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicare	<input type="checkbox"/>	<input checked="" 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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Platelet Function Testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Dr. Gurbel reports grants from Haemonetics, grants from DCRI, grants from NIH, grants from Merck, grants from MedImmune, grants from Coramed, personal fees from AstraZeneca, personal fees from Boehringer, personal fees from Merck, personal fees from Janssen, personal fees from Bayer, personal fees from Medicure, outside the submitted work; In addition, Dr. Gurbel has a patent Platelet Function Testing issued.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jacek

2. Surname (Last Name)

Kubica

3. Date

01-June-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Eliano Navarese

5. Manuscript Title

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I declare no conflict of interest.

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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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**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) Antonino Maria Tommaso	2. Surname (Last Name) BUFFON	3. Date 22-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name NAVARESE Eliano Pio
5. Manuscript Title Implantable Cardioverter-Defibrillator for Primary Prevention in Patients with Ischemic or Non-Ischemic Cardiomyopathy. A Systematic Review and Meta-Analysis.		
6. Manuscript Identifying Number (if you know it) M17-0120		

### 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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### 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. BUFFON has nothing to disclose.

### Evaluation and Feedback

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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)  
Felicita

2. Surname (Last Name)  
Andreotti

3. Date  
24-May-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Eliano Pio Navarese or Michalina Kolodziejczak

5. Manuscript Title  
Implantable Cardioverter-Defibrillators for Primary Prevention in Patients With Ischemic or Nonischemic Cardiomyopathy. A Systematic Review and Meta-analysis

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
Actelion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board consultant
Amgen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member of data safety committee
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member of data safety committee, advisor and speaker
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member of data safety committee
BMS-Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant and speaker
Daiichi Sankyo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant and speaker
Menarini International Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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

### 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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### 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. Andreotti reports personal fees from Actelion, Amgen, Bayer, Boehringer Ingelheim, BMS-Pfizer, Daiichi Sankyo, and Menarini International Foundation, outside the submitted work.

### 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) Gianfranco      2. Surname (Last Name) Parati      3. Date 24-May-2017

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

5. Manuscript Title  
Implantable Cardioverter-Defibrillators for Primary Prevention in Patients wWith Ischemic or Non-lischemic Cardiomyopathy. A Systematic Review and Meta-Aanalysis

6. Manuscript Identifying Number (if you know it)

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria for lectures
Daiichi Sankyo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria for lectures
Menarini	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria for lectures

### 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. Parati reports other from Pfizer, other from Daiichi Sankyo, other from Menarini, 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)

STEFANO

2. Surname (Last Name)

DE SERVI

3. Date

14-April-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

NAVARESE

5. Manuscript Title

"Implantable cardioverter-defibrillator in patients with heart failure and reduced ejection fraction: systematic review and meta-analysis of primary and secondary prevention trials"

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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)  
ELIANO

2. Surname (Last Name)  
NAVARESE

3. Date  
09-May-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Implantable Cardioverter-Defibrillator for Primary Prevention in Patients with Ischemic or Non-Ischemic Cardiomyopathy. A Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)  
M17-0120

### Section 2. The Work Under Consideration for Publication

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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

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Dr. NAVARESE has nothing to disclose.

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