	TOTAL DISCLOSURE FORM		
Date:	6/8/2022		
Your Name: ANNALISA SCHIEPATTI			
Manuscript Title: SMALL BOWEL VILLOUS ATROPHY DUE TO IMMUNE CHECKPOINT INHIBITORS: REPORT OF TWO CASES AND LITERATURE REVIEW			
Manuscript Number (if known):	Click or tap here to enter text.		
content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned. In item #1 below, report all supports."	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	g of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
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6	Payment for expert testimony	□ □	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]		t to the following statement to indicate your agreem answered every question and have not altered the w	

Date:	6/8/2022	
Your Name:	ANDREA PREMOLI	
Manuscript Title:	SMALL BOWEL VILLOUS ATROPHY DUE TO IMMUNE CHECKPOINT INHIBITORS: REPORT OF TWO CASES AND LITERATURE REVIEW	
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Date:	6/8/2022
Your Name:	STILIANO MAIMARIS
Manuscript Title:	SMALL BOWEL VILLOUS ATROPHY DUE TO IMMUNE CHECKPOINT INHIBITORS: REPORT OF TWO CASES AND LITERATURE REVIEW
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Date:	6/8/2022
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Manuscript Title:	SMALL BOWEL VILLOUS ATROPHY DUE TO IMMUNE CHECKPOINT INHIBITORS: REPORT OF TWO CASES AND LITERATURE REVIEW
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Date:	6/8/2022	
Your Name:	MARIA MARPLES	
Manuscript Title:	SMALL BOWEL VILLOUS ATROPHY DUE TO IMMUNE CHECKPOINT INHIBITORS: REPORT OF TWO CASES AND LITERATURE REVIEW	
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Date:	6/8/2022
Your Name:	LAURA VILLANI
Manuscript Title:	SMALL BOWEL VILLOUS ATROPHY DUE TO IMMUNE CHECKPOINT INHIBITORS: REPORT OF TWO CASES AND LITERATURE REVIEW
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Date:	6/8/2022
Your Name:	NIGEL SCOTT
Manuscript Title:	SMALL BOWEL VILLOUS ATROPHY DUE TO IMMUNE CHECKPOINT INHIBITORS: REPORT OF TWO CASES AND LITERATURE REVIEW
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Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	6/8/2022	
Your Name:	FEDERICO SOTTOTETTI	
Manuscript Title:	SMALL BOWEL VILLOUS ATROPHY DUE TO IMMUNE CHECKPOINT INHIBITORS: REPORT OF TWO CASES AND LITERATURE REVIEW	
Manuscript Number (if known):	Click or tap here to enter text.	
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Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	DAVID S SANDERS SMALL BOWEL VILLOUS ATROPHY DUE TO IMMUNE CHECKPOINT INHIBITORS: REPORT OF TWO CASES AND LITERATURE REVIEW	
Your Name:		
Manuscript Title:		
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Date:	6/8/2022	
Your Name:	FEDERICO BIAGI	
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Date:	CLARE DONNELLAN SMALL BOWEL VILLOUS ATROPHY DUE TO IMMUNE CHECKPOINT INHIBITORS: REPORT OF TWO CASES AND LITERATURE REVIEW		
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