

## ICMJE 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.](#)

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.

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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.

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**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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**Your Name:** MIMMA RIZZO

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**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

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**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

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**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

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE 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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 6/8/2022

**Your Name:** DAVID S SANDERS

**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.](#)

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.

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## ICMJE DISCLOSURE FORM

**Date:** 6/8/2022

**Your Name:** FEDERICO BIAGI

**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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## ICMJE DISCLOSURE FORM

**Date:** 6/8/2022

**Your Name:** CLARE DONNELLAN

**Manuscript Title:** **SMALL BOWEL VILLOUS ATROPHY DUE TO IMMUNE CHECKPOINT INHIBITORS: REPORT OF TWO CASES AND LITERATURE REVIEW**

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