## ICMJE DISCLOSURE FORM

Date:	3/30/2023	
Your Name:	Alessandra Borghi	
Manuscript Title:	Desmoid fibromatosis (extra abdominal), a surgeon's nightmare and the current philosophy in its treatment	
Manuscript Number (if known):	BJJ-2023-0117	

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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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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		Time frame: Since the initial planning	of the work
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	of study materials,		Click the tab key to add additional rows.
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		Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

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4	Consulting fees	☑     None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠ None	
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,	⊠ None	

		Iame all entities with whom you have thisSpecifications/Comments (e.g., if payments wereelationship or indicate none (add rows as needed)made to you or to your institution)
	society, committee or advocacy group, paid or unpaid	
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
Please place an "X" next to the following statement to indicate your agreement:		

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me arti cha <b>No</b>	medical writing, article processing charges, etc.) <b>No time limit for this item.</b>		
		Time frame: past 36 m	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None PharmaMar Nanobiotix	

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3	Royalties or licenses	None	
4	Consulting fees	NovartisPfizerBayerPharmaMar	Lilly SpringWorks
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Deciphera	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None PharmaMar	
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11	Stock or stock options	☑   None     ☑   ☑     ☑   ☑     ☑   ☑
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑   None     □   □     □   □     □   □
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