

ICMJE DISCLOSURE FORM

Date: 3/7/2022

Your Name: Marco Canepa

Manuscript Title: LA CORRETTA GESTIONE DEL PAZIENTE CON AMILOIDOSI EREDITARIA DA TRANSTIRETINA A FENOTIPO MISTO: LE RACCOMANDAZIONI DI UN GRUPPO DI ESPERTI ITALIANI

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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Time frame: past 36 months								
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1050 1516 1150"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1482 1516 1583"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 478 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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Date: 3/23/2022

Your Name: Francesco Cappelli

Manuscript Title: LA CORRETTA GESTIONE DEL PAZIENTE CON AMILOIDOSI EREDITARIA DA TRANSTIRETINA a fenotipo misto: LE RACCOMANDAZIONI DI UN GRUPPO DI ESPERTI ITALIANI

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Your Name: GIUSEPPE LIMONGELLI

Manuscript Title: LA CORRETTA GESTIONE DEL PAZIENTE CON AMILOIDOSI EREDITARIA DA TRANSTIRETINA A FENOTIPO MISTO: LE RACCOMANDAZIONI DI UN GRUPPO DI ESPERTI ITALIANI

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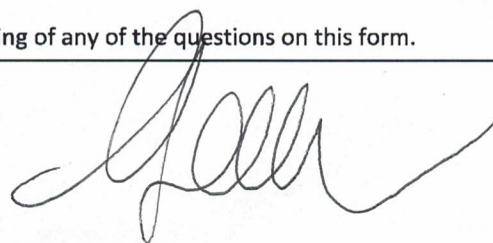
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Your Name: Marco Luigetti

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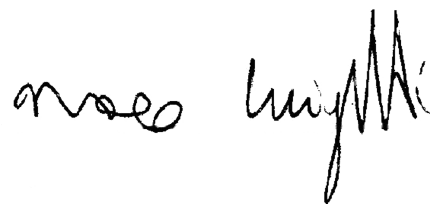
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Rome, 27/02/2022



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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.

ICMJE DISCLOSURE FORM

Date: 2/28/2022

Your Name: Anna Mazzeo

Manuscript Title: LA CORRETTA GESTIONE DEL PAZIENTE CON AMILOIDOSI EREDITARIA DA TRANSTIRETINA A FENOTIPO MISTO: LE RACCOMANDAZIONI DI UN GRUPPO DI ESPERTI ITALIANI

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.

		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 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.	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Provision of study materials, medical writing</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>		Provision of study materials, medical writing				Click the tab key to add additional rows.	
Provision of study materials, medical writing									
Click the tab key to add additional rows.									
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>							
3	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Ackea, Alnylam, Sobi, and Pfizer</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Ackea, Alnylam, Sobi, and Pfizer								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 2/27/2022

Your Name: Davide Pareyson

Manuscript Title: LA CORRETTA GESTIONE DEL PAZIENTE CON AMILOIDOSI EREDITARIA DA TRANSTIRETINA A FENOTIPO MISTO: LE RACCOMANDAZIONI DI UN GRUPPO DI ESPERTI ITALIANI

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

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Time frame: Since the initial planning of the work												
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	Click the tab key to add additional rows.											
Time frame: past 36 months												
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr> <td>Telethon-Italy Foundation</td> <td>GPP19099 grant for investigating late-onset CMT</td> </tr> <tr> <td>AFM-Telethon</td> <td>Grants #20667, #20821 for research on CMT and amyloidosis</td> </tr> <tr> <td>NIH</td> <td>NIH 1 U01 NS109403-01 "ACT-CMT"</td> </tr> <tr> <td>Alnylam</td> <td>Local PI in Clinical Trials</td> </tr> <tr> <td>Ionis</td> <td>Local PI in Clinical Trials</td> </tr> </table>	Telethon-Italy Foundation	GPP19099 grant for investigating late-onset CMT	AFM-Telethon	Grants #20667, #20821 for research on CMT and amyloidosis	NIH	NIH 1 U01 NS109403-01 "ACT-CMT"	Alnylam	Local PI in Clinical Trials	Ionis	Local PI in Clinical Trials
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Alnylam</td> <td>Speaker honorarium for a lecture in 2019</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Alnylam	Speaker honorarium for a lecture in 2019						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Inflectis</td> <td>Clinical Advisory Board</td> </tr> <tr> <td>Alnylam</td> <td>Clinical Advisory Board</td> </tr> <tr> <td>Akcea</td> <td>Clinical Advisory Board</td> </tr> </table>		Inflectis	Clinical Advisory Board	Alnylam	Clinical Advisory Board	Akcea	Clinical Advisory Board		
Inflectis	Clinical Advisory Board										
Alnylam	Clinical Advisory Board										
Akcea	Clinical Advisory Board										
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None <table border="1"> <tr> <td>Neurological Sciences</td> <td>Associate Editor of the Journal</td> </tr> </table>		Neurological Sciences	Associate Editor of the Journal						
Neurological Sciences	Associate Editor of the Journal										

		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)
	society, committee or advocacy group, paid or unpaid	Neurology Genetics	Editorial Board
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 2/28/2022

Your Name: Stefano

Manuscript Title: Perlini

Manuscript Number (if known): LA CORRETTA GESTIONE DEL PAZIENTE CON AMILOIDOSI EREDITARIA DA TRANSTIRETINA A FENOTIPO MISTO: LE RACCOMANDAZIONI DI UN GRUPPO DI ESPERTI ITALIANI

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Alnylam											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Pfizer</td><td></td></tr> <tr><td>Akcea</td><td></td></tr> <tr><td>Novartis</td><td>Accurate</td></tr> </table>		Pfizer		Akcea		Novartis	Accurate		
Pfizer											
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Pfizer											
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ICMJE DISCLOSURE FORM

Date: 23 March 2022

Your Name: Laura Obici

Manuscript Title: LA CORRETTA GESTIONE DEL PAZIENTE CON AMILOIDOSI EREDITARIA DA TRANSTIRETINA A FENOTIPO MISTO: LE RACCOMANDAZIONI DI UN GRUPPO DI ESPERTI ITALIANI

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

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Time frame: Since the initial planning of the work								
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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Alnylam</td> <td>Personal payment</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Alnylam	Personal payment							
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Lawler
24 MARCH 2022