ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Virginia

2. Surname (Last Name)  
   Moyer

3. Effective Date (07-August-2008)

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

5. Manuscript Title  
   Medications for Risk Reduction of Primary Breast Cancer in Women

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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking “No” or providing the requested information. If you have more than one relationship click the “Add” button to add a row. Excess rows can be removed by clicking the “X” button.

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<th>Type</th>
<th>No</th>
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<th>Money to Your Institution*</th>
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## Section 3.

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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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Moyer

Signatures and dates:

[Signature]

7/18/13
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Linder

2. Surname (Last Name)  
   Baumann

3. Effective Date (07-August-2008)  
   13/11/08

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author's Name  
   Virginia Moyer

5. Manuscript Title  
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Hide All Table Rows Checked 'No'  SAVE
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Kirsten

2. Surname (Last Name)  
   Bulbins Domingo

3. Effective Date (07-August-2008)

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

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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**Section 1.** Identifying Information

1. Given Name (First Name)  
   - Adalita

2. Surname (Last Name)  
   - Cantu

3. Effective Date (07-August-2008)

4. Are you the corresponding author?  
   - Yes
   - No

   Corresponding Author's Name
   - Virginia Moyer

5. Manuscript Title
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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   **Susan**

2. Surname (Last Name)  
   **Curry**

3. Effective Date (07-August-2008)

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   - No  
   Corresponding Author's Name: Virginia Moyer

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   - Esell

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4. Are you the corresponding author?  
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   - Virginia Moyer

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Hide All Table Rows Checked 'No'

SAVE

[Signature]

4
ICMJE Form for Disclosure of Potential Conflicts of Interest

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   Glenn

2. Surname (Last Name)  
   Flores

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   **Jessica**  
2. Surname (Last Name)  
   **Herzstein**  
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2. Surname (Last Name): Levent
3. Effective Date (07-August-2008): 
4. Are you the corresponding author? Yes [ ] No [x] 
   Corresponding Author's Name: Virginia Moyer
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2
ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Wan \( \ddot{\text{a}} \)  
2. Surname (Last Name)  
   Nicholson
3. Effective Date (07-August-2008)

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   □ Yes  ☑ No  
   Corresponding Author’s Name  
   Virginia Moyer

5. Manuscript Title  
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Hide All Table Rows Checked 'No'  SAVE
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Douglas
2. Surname (Last Name) Owens
3. Effective Date (07-August-2008)

4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author's Name
   Virginia Moyer

5. Manuscript Title
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   [William]

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   [Phillips]

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3
ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work

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Section 4. Other relationships

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☐ No other relationships/conditions/circumstances that present a potential conflict of interest

☒ Yes, the following relationships/conditions/circumstances are present (explain below):

My wife has been treated for breast cancer.

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Hide All Table Rows Checked 'No'

SAVE

William R. Phillips

8/7/2013
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   **Michael**

2. Surname (Last Name)  
   **Pignone**

3. Effective Date (07-August-2008)

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

5. Manuscript Title  
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- Multiple Federal awards
  - American Cancer Society
  - [Other grants/organizations]
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1. Given Name (First Name)  
   ALBERT

2. Surname (Last Name)  
   SIU

3. Effective Date (07-August-2008)

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   □ Yes  □ No
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   Virginia Moyer

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Kirsten

2. Surname (Last Name)  
Bubins Domingo

3. Effective Date (07-August-2008)

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author's Name  
Virginia Moyer

5. Manuscript Title  
Medications for Risk Reduction of Primary Breast Cancer in Women

6. Manuscript Identifying Number (if you know it)

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The Work Under Consideration for Publication

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   Adela

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   Cantu

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   **Susan**

2. Surname (Last Name)  
   **Curry**

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2
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*Signature*

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   Mark

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   Ebell

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   [Signature]

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   Corresponding Author’s Name
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jessica

2. Surname (Last Name)  
   Herbst

3. Effective Date (07-August-2008)  

4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author's Name  
   Virginia Moyer

5. Manuscript Title  
   Medications for Risk Reduction of Primary Breast Cancer in Women

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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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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 submission.

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1. Given Name (First Name)  
   
2. Surname (Last Name)  
   
3. Effective Date (07-August-2008)  
   
4. Are you the corresponding author?  
   Yes  
   No  
   
   Corresponding Author's Name  
   Virginia Moyer

5. Manuscript Title  
   Medications for Risk Reduction of Primary Breast Cancer in Women

6. Manuscript Identifying Number (if you know it)

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Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

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2
### ICMJE Form for Disclosure of Potential Conflicts of Interest

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   **Wan do**

2. Surname (Last Name)  
   **Nicholson**

3. Effective Date (07-August-2008)

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   Corresponding Author's Name  
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**Hide All Table Rows Checked 'No'**

**SAVE**

4
**Section 1. Identifying Information**

1. Given Name (First Name)  
   **Douglas**

2. Surname (Last Name)  
   **Owens**

3. Effective Date (07-August-2008)

4. Are you the corresponding author?  
   □ Yes  ☑ No  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Phillips

3. Effective Date (07-August-2008)

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

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6. Manuscript Identifying Number (if you know it)

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Section 4. Other relationships

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☐ No other relationships/conditions/circumstances that present a potential conflict of interest

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

My wife has been treated for breast cancer.

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'  SAVE

Signature: ___________________________ Date: 8/7/2013

William R. Phillips
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   **Michael**

2. Surname (Last Name)  
   **Pignone**

3. Effective Date (07-August-2008)

4. Are you the corresponding author?  
   □ Yes  □ No
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   Virginia Moyer

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   ALBERT  

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   SIU  

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* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

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?

☐ No other relationships/conditions/circumstances that present a potential conflict of interest

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.