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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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- **Licensed:** The patent has been licensed to an entity, whether earning royalties or not
- **Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  Miranda
2. Surname (Last Name)  Pappas
3. Date  25-June-2015
4. Are you the corresponding author?  □ Yes  ✔ No

Corresponding Author's Name
Heidi Nelson

5. Manuscript Title
Effectiveness of Breast Cancer Screening: Systematic Review and Meta-analysis to Update the 2009 U.S. Preventive Services Task Force Recommendation

6. Manuscript Identifying Number (if you know it)
M15-0969

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

Are there any relevant conflicts of interest?  □ Yes  ✔ No

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Are there any relevant conflicts of interest?  □ Yes  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  □ Yes  ✔ No
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Dr. Pappas has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>Cantor</td>
<td>25-June-2015</td>
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</table>

4. Are you the corresponding author? [ ] Yes [X] No

Corresponding Author’s Name
Heidi D. Nelson MD, MPH

5. Manuscript Title
Effectiveness of Breast Cancer Screening: Systematic Review and Meta-analysis to Update the 2009 U.S. Preventive Services Task Force Recommendation

6. Manuscript Identifying Number (if you know it)
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Cantor
Section 5. Relationships not covered above

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Dr. Cantor has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Rongwei

2. Surname (Last Name)  
   Fu

3. Date  
   25-June-2015

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name  
   Heidi Nelson

5. Manuscript Title  
   Effectiveness of Breast Cancer Screening: Systematic Review and Meta-analysis to Update the 2009 U.S. Preventive Services Task Force Recommendation

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Are there any relevant conflicts of interest?  
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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<td>AHRQ grant to the university</td>
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Dr. Fu reports grants from AHRQ grant to the university, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Heidi

2. Surname (Last Name)  
   Nelson

3. Date  
   26-June-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Effectiveness of Breast Cancer Screening: Systematic Review and Meta-analysis to Update the 2009 U.S. Preventive Services Task Force Recommendation

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Dr. Nelson has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name) Linda
2. Surname (Last Name) Humphrey
3. Date 13-July-2015
4. Are you the corresponding author? Yes No
   ✔
   Corresponding Author’s Name Heidi Nelson
5. Manuscript Title "Effectiveness of Breast Cancer Screening: Systematic Review and Meta-analysis to Update the 2009 U.S. Preventive Services Task Force Recommendation
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4. **Intellectual Property.**

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

Use this section to report 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.

Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Monica

2. Surname (Last Name)  
   Daeges

3. Date  
   29-July-2015

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Heidi Nelson

5. Manuscript Title  
   Effectiveness of Breast Cancer Screening: Systematic Review and Meta-analysis to Update the 2009 U.S. Preventive Services Task Force Recommendation

6. Manuscript Identifying Number (if you know it)  
   M15-0969

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest?  
   Yes ☑ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Section 3. Relevant financial activities outside the submitted work.

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 publication.

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   ☐ Yes ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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

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.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Daeges reports grants from AHRQ, during the conduct of the study.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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2. Surname (Last Name)  
3. Date

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

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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