ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Oguzhan

2. Surname (Last Name)  
   Alagoz

3. Date  
   20-October-2015

4. Are you the corresponding author?  
   Yes ✔

5. Manuscript Title  
   COLLABORATIVE MODELING OF THE BENEFITS AND HARMS ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES

6. Manuscript Identifying Number (if you know it)  
   M15-1536

**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 ✔

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>National Cancer Institute</td>
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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes ✔

Alagoz
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Dr. Alagoz reports grants from National Cancer Institute, 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)  
   Donald
2. Surname (Last Name)  
   Berry
3. Date  
   21-October-2015
4. Are you the corresponding author?  
   Yes [ ]  No [x]
   Corresponding Author's Name  
   Jeanne Mandelblatt
5. Manuscript Title  
   COLLABORATIVE MODELING OF THE BENEFITS AND HARMS ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES
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Are there any relevant conflicts of interest?  
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Dr. Berry has nothing to disclose.

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<tr>
<td>Yaojen</td>
<td>Chang</td>
<td>28-October-2015</td>
</tr>
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</table>

4. Are you the corresponding author?  
   ✔ Yes  
   ❌ No

5. Manuscript Title
   COLLABORATIVE MODELING OF THE BENEFITS AND HARMS ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES

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Dr. Chang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gary

2. Surname (Last Name)  
   Chisholm

3. Date  
   16-November-2015

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Jeanne Mandelblatt

5. Manuscript Title
   COLLABORATIVE MODELING OF THE BENEFITS AND HARMS ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Kathleen

2. **Surname (Last Name)**
   - Cronin

3. **Date**
   - 21-October-2015

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

Corresponding Author’s Name
- Jeanne Mandelblatt

5. **Manuscript Title**
   - COLLABORATIVE MODELING OF THE BENEFITS AND HARMS ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES

6. **Manuscript Identifying Number (if you know it)**
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Are there any relevant conflicts of interest?
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Harry J

2. Surname (Last Name)  
de Koning

3. Date  
20-October-2015

4. Are you the corresponding author?  
☑ Yes ☐ No  
Corresponding Author’s Name  
Aimee Near

5. Manuscript Title  
COLLABORATIVE MODELING OF THE BENEFITS AND HARMs ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES

6. Manuscript Identifying Number (if you know it)  
M15-1536

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Are there any relevant conflicts of interest?  
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<td>Ergun</td>
<td>20-October-2015</td>
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4. Are you the corresponding author? Yes ☑ No

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<tr>
<td>Jeanne Mandelblatt</td>
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5. Manuscript Title
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Mr. Ergun has nothing to disclose.

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1. Given Name (First Name) Eric
2. Surname (Last Name) Feuer
3. Date 20-October-2015
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name Mandelblatt

5. Manuscript Title COLLABORATIVE MODELING OF THE BENEFITS AND HARMS ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES
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Gangnon

1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ronald
2. Surname (Last Name) Gangnon
3. Date 20-October-2015
4. Are you the corresponding author? ☑ Yes
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1. Given Name (First Name)  Eveline
2. Surname (Last Name)  Heijnsdijk
3. Date  21-October-2015
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Aimee Near
5. Manuscript Title  COLLABORATIVE MODELING OF THE BENEFITS AND HARMS ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES
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Dr. Heijnsdijk reports grants from SCOR, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.  Identifying Information

1.  Given Name (First Name)  
   Amanda

2.  Surname (Last Name)     
   Hoeffken

3.  Date                     
   29-October-2015

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

5.  Manuscript Title         
   COLLABORATIVE MODELING OF THE BENEFITS AND HARMS ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES

6.  Manuscript Identifying Number (if you know it)  
   M15-1536

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Section 1. Identifying Information

1. Given Name (First Name)  
Hui

2. Surname (Last Name)  
Huang

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
COLLABORATIVE MODELING OF THE BENEFITS AND HARMS ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES

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Ms. Huang 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)  
   Xuelin

2. Surname (Last Name)  
   Huang

3. Date  
   20-October-2015

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

5. Manuscript Title  
   COLLABORATIVE MODELING OF THE BENEFITS AND HARMS ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES

6. Manuscript Identifying Number (if you know it)  
   M15-1536

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 1. Identifying Information

1. Given Name (First Name)  Karla
2. Surname (Last Name)  Kerlikowske
3. Date  21-October-2015

4. Are you the corresponding author?  ☑ No  Corresponding Author’s Name  Jeanne Mandelblatt

5. Manuscript Title
COLLABORATIVE MODELING OF THE BENEFITS AND HARMS ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES

6. Manuscript Identifying Number (if you know it)
M15-1536

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Martin

2. Surname (Last Name)  
   Krapcho

3. Date  
   21-October-2015

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

5. Manuscript Title  
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Mr. Krapcho 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)  
   Sandra  

2. Surname (Last Name)  
   Lee  

3. Date  
   20-October-2015  

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

5. Manuscript Title  
   COLLABORATIVE MODELING OF THE BENEFITS AND HARMs ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES  

6. Manuscript Identifying Number (if you know it)  
   M15-1536  

### 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  

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 5. Relationships not covered above**

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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**Section 6. Disclosure Statement**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Jeanne

2. Surname (Last Name)  
mandelblatt

3. Date  
07-December-2015

4. Are you the corresponding author?  
✔ Yes    No

5. Manuscript Title  
Collaborative Modeling of the Benefits and Harms Associated With Different U.S. Breast Cancer Screening Strategies

6. Manuscript Identifying Number (if you know it)

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Dr. Mandelblatt 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)  
Diana

2. Surname (Last Name)  
Miglioretti

3. Date  
22-October-2015

4. Are you the corresponding author?  
Yes ☑ No

Corresponding Author’s Name  
Jeanne Mandelblatt

5. Manuscript Title  
Factors Associated with Rates of False-positive and False-negative Results from Digital Mammography Screening: An Analysis of Registry Data

6. Manuscript Identifying Number (if you know it)  
M15-0971

Section 2. The Work Under Consideration for Publication

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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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Dr. Miglioretti reports grants from AHRQ, grants from National Cancer Institute, 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)  
   Diego

2. Surname (Last Name)  
   Munoz

3. Date
   21-October-2015

4. Are you the corresponding author?  
   Yes  ☑  No

   Corresponding Author’s Name  
   Aimee Near, MPH

5. Manuscript Title  
   Collaborative Modeling of the Benefits and Harms Associated with Different U.S. Breast Cancer Screening Strategies

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. Given Name (First Name) Aimee
2. Surname (Last Name) Near
3. Date 07-December-2015
4. Are you the corresponding author? Yes No
   - Corresponding Author’s Name Jeanne Mandelblatt
5. Manuscript Title
6. Manuscript Identifying Number (if you know it) M15-1536

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)  Sylvia
2. Surname (Last Name)  Plevritis
3. Date  07-December-2015
4. Are you the corresponding author?  Yes ☑ No

5. Manuscript Title
Collaborative Modeling of the Benefits and Harms Associated With Different U.S. Breast Cancer Screening Strategies

6. Manuscript Identifying Number (if you know it)

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Dr. Plevritis 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) Clyde
2. Surname (Last Name) Schechter
3. Date 20-October-2015
4. Are you the corresponding author? ☑ Yes  ☐ No
   Corresponding Author's Name Aimee Near
5. Manuscript Title
   COLLABORATIVE MODELING OF THE BENEFITS AND HARMS ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES

Section 2. The Work Under Consideration for Publication

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Dr. Schechter reports grants from National Cancer Institute, during the conduct of the study; personal fees from American Society of Breast Surgeons, outside the submitted work.

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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)  
   Brian

2. Surname (Last Name)  
   Sprague

3. Date  
   20-October-2015

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

   Corresponding Author's Name  
   Mandelblatt

5. Manuscript Title  
   COLLABORATIVE MODELING OF THE BENEFITS AND HARMS ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES

6. Manuscript Identifying Number (if you know it)  
   M15-1536

## 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  
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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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Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No  
   ✔
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Sprague reports grants from National Institutes of Health, 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) Natasha
2. Surname (Last Name) Stout
3. Date 28-October-2015
4. Are you the corresponding author? ✔ No
5. Manuscript Title
   Collaborative Modeling of the Benefits and Harms Associated with Different U.S. Breast Cancer Screening Strategies
6. Manuscript Identifying Number (if you know it)
   M15-1536

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Grants to my institution from the National Cancer Institute (U01CA152958 and P01CA154292)

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Dr. Stout reports grants from National Cancer Institute, 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)  Anna
2. Surname (Last Name)  Tosteson
3. Date  22-October-2015
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name  Jeanne Mandelblatt

5. Manuscript Title  COLLABORATIVE MODELING OF THE BENEFITS AND HARMS ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name)  Amy
2. Surname (Last Name)  Trentham-Dietz
3. Date  20-October-2015
4. Are you the corresponding author?  Yes  ✔  No

5. Manuscript Title
COLLABORATIVE MODELING OF THE BENEFITS AND HARMS ASSOCIATED WITH DIFFERENT U.S. BREAST CANCER SCREENING STRATEGIES
6. Manuscript Identifying Number (if you know it)
M15-1536

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<td>National Cancer Institute</td>
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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. Trentham-Dietz reports grants from National Cancer Institute, during the conduct of the study;

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1. Given Name (First Name)  
   Jeroen Jos

2. Surname (Last Name)  
   van den Broek

3. Date  
   07-December-2015

4. Are you the corresponding author?  
   Yes ✔ No

5. Manuscript Title  
   Collaborative Modeling of the Benefits and Harms Associated With Different U.S. Breast Cancer Screening Strategies

6. Manuscript Identifying Number (if you know it)

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Dr. van den Broek has nothing to disclose.

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1. Given Name (First Name) Nicolien
2. Surname (Last Name) van Ravesteyn
3. Date 22-October-2015

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

Corresponding Author’s Name
J. Mandelblatt

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van Ravesteyn