

## 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.

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#### 4. Intellectual Property.

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

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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)  
Jeanette

2. Surname (Last Name)  
Birnbaum

3. Date  
13-May-2015

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

5. Manuscript Title  
A Microsimulation Model to Project The Impact of Treatment Advances on the Mortality Results of Cancer Screening Trials

6. Manuscript Identifying Number (if you know it)  
M15-0754

### 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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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

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Dr. Birnbaum has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Vijayakrishna

2. Surname (Last Name)  
Gadi

3. Date  
13-May-2015

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

5. Manuscript Title  
A microsimulation model to project the impact of treatment advances on the mortality results of cancer screening trials.

6. Manuscript Identifying Number (if you know it)  
m15-0754

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### Section 1. Identifying Information

1. Given Name (First Name) Elan	2. Surname (Last Name) Markowitz	3. Date 07-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title The impact of treatment advances on the mortality results of breast cancer screening trials: A microsimulation model	_____	
6. Manuscript Identifying Number (if you know it)	_____	

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Dr. Markowitz 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)  
Ruth

2. Surname (Last Name)  
Etzioni

3. Date  
28-October-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
The impact of treatment advances on the mortality results of breast cancer screening trials: A microsimulation model

6. Manuscript Identifying Number (if you know it)  
M15-0754

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Dr. Etzioni has nothing to disclose.

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