

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.

Identifying information.

2. The work under consideration for publication.

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Royalties: Funds are coming in to you or your institution due to your patent

1

Dehmer



| Section 1. Identifying Inform | ation | |
|--|--|--|
| 1. Given Name (First Name) Steven | 2. Surname (Last Name) Dehmer | 3. Date 24-February-2016 |
| 4. Are you the corresponding author? | ✓ Yes No | |
| Preventive Services Task Force | | ectal Cancer: A Decision Analysis for the U.S. |
| 6. Manuscript Identifying Number (if you kn M15-2129 | ow it) | |
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| Section 2. The Work Under Co | onsideration for Publication | n |
| | but not limited to grants, data mor | d party (government, commercial, private foundation, etc.) for nitoring board, study design, manuscript preparation, |
| If yes, please fill out the appropriate info | | re than one entity press the "ADD" button to add a row. |
| Name of Institution/Company | Grant? Personal Non-Fina Fees? Suppos | Other• Comments |
| Agency for Healthcare Research and Quality | | By contract HHSA-290-2012-00015- EPC4, Task Order 4 from AHRQ. |
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| Section 3. Polovant financial | | |
| Kelevant linancial | activities outside the subm | |
| of compensation) with entities as descriclicking the "Add +" box. You should rep | bed in the instructions. Use one port relationships that were pre s | you have financial relationships (regardless of amount eline for each entity; add as many lines as you need by sent during the 36 months prior to publication. |
| Are there any relevant conflicts of intere | st? | |
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| Section 4. Intellectual Proper | ty Patents & Copyrights | |
| Do you have any patents, whether plans | ned, pending or issued, broadly | relevant to the work? Yes Vo |

Dehmer 2



| Section 5. Polationships not severed phase |
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| Dr. Dehmer reports other from Agency for Healthcare Research and Quality, during the conduct of the study. |

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Dehmer 3



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Whitlock 1



| Section 1. | Identifying Inform | ation | | | | |
|--|---|--|-----------------------|----------------------|-------------------------|------------|
| 1. Given Name (Fi Evelyn | rst Name) | 2. Surname (Last Whitlock | Name) | | . Date 02-March-2016 | |
| 4. Are you the cor | responding author? | Yes ✓ N | • | nding Author's Name | 2 | |
| Preventive Servi | Primary Prevention of 0 | | ease and Colorectal | l Cancer: A Decisio | on Analysis for the U | J.S. |
| Section 2. | The Work Under Co | onsideration fo | Publication | | | |
| any aspect of the s statistical analysis, Are there any rel If yes, please fill o | stitution at any time recei ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing | but not limited to gest? Yes [ormation below. If | rants, data monitorin | g board, study desig | gn, manuscript prepa | ration, |
| Name of Institut | | Grant? Persor | | Other? Comr | nents | |
| AHRQ | | | | ✓ Contrac | t for systematic revie | N |
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| Section 3. | Relevant financial | activities outsic | le the submitted | work. | | |
| of compensation clicking the "Add Are there any rel | the appropriate boxes i | bed in the instruc port relationships | tions. Use one line f | or each entity; ad | d as many lines as y | ou need by |
| Section 4. | Intellectual Proper | ty Patents & (| Copyrights | | | |
| Do you have any | patents, whether plan | ned, pending or is | sued, broadly relev | ant to the work? | Yes ✓ No | |

Whitlock 2



| Section 5. Polationships not sovered above |
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LaFrance 1



| Section 1. | Identifying Inform | nation | | | | |
|--|---|-----------------------------------|------------------------|-------------------------|---|-----------|
| 1. Given Name (Firs | t Name) | 2. Surname (Last Name LaFrance | e) | | 3. Date 02-March-2016 | |
| 4. Are you the corre | esponding author? | ☐ Yes ✓ No | Correspon Steven P. | ding Author's Dehmer | s Name | |
| 5. Manuscript Title Aspirin for the Pri Preventive Service | • | ardiovascular Disease ar | nd Colorectal C | Cancer: A De | ecision Analysis for the U.S. | |
| 6. Manuscript Ident M15-2129 | ifying Number (if you kr | now it) | | | | |
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| Section 2. | The Work Under Co | onsideration for Pul | olication | | | |
| | bmitted work (including | | | - | t, commercial, private foundation ly design, manuscript preparation | |
| | vant conflicts of intere | | | | | |
| | ut the appropriate info e removed by pressin | • | have more thar | n one entity | press the "ADD" button to ac | ld a row. |
| Name of Institution | on/Company | Grant? Personal Fees? | Non-Financial Support | Other? | Comments | |
| Agency for Healthcare | Research and Quality | | | √ (H | hrough our contract from AHRQ HHSA-290-2012-00015-EPC4, Tas order 4) | |
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| Section 3. | Relevant financial | activities outside th | e submitted | work. | | |
| of compensation) | with entities as descri | ibed in the instructions. | . Use one line f | or each enti | al relationships (regardless of a ity; add as many lines as you r 36 months prior to publicati | need by |
| Are there any rele | vant conflicts of intere | est? Yes ✓ No | 0 | | | |
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| Section 4. | Intellectual Proper | rty Patents & Copy | vrights | | | |
| Do you have any p | patents, whether plan | ned, pending or issued, | , broadly releva | ant to the w | ork? ☐ Yes 🗸 No | |

LaFrance 2



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| Ms. LaFrance reports other from Agency for Healthcare Research and Quality, during the conduct of the study; . |

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patent

Maciosek 1



| Section 1. Identifying Inform | ation | | |
|---|--|-------------------------|---|
| 1. Given Name (First Name) Michael | 2. Surname (Last Name) Maciosek | | 3. Date 03-March-2016 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author | or's Name |
| 5. Manuscript Title Aspirin for the Primary Prevention of Car Preventive Services Task Force | rdiovascular Disease and (| Colorectal Cancer: A I | Decision Analysis for the U.S. |
| 6. Manuscript Identifying Number (if you known M15-2129 | ow it) | _ | |
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| Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing | but not limited to grants, da st? Yes No rmation below. If you hav | ta monitoring board, st | udy design, manuscript preparation, |
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| Do you have any patents, whether plann | | | work? ☐ Yes ✓ No |
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Maciosek 2



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Flottemesch 1



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|--|---------------------------|--|---|---|
| 1. Given Name (Firs | st Name) | 2. Surname (Last Name) Flottemesch | | Date 2-March-2016 |
| 4. Are you the corre | esponding author? | Yes ✓ No | Corresponding Author's Name Dehmer | |
| 5. Manuscript Title Aspirin for the Pri Preventive Service | | rdiovascular Disease and | Colorectal Cancer: A Decision | Analysis for the U.S. |
| 6. Manuscript Ident M15-2129 | tifying Number (if you kn | now it) | | |
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| any aspect of the su statistical analysis, e | ıbmitted work (including | but not limited to grants, da | a third party (government, comm ta monitoring board, study desig | nercial, private foundation, etc.) for n, manuscript preparation, |
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| Section 4. | Intellectual Proper | rty Patents & Copyri | ahts | |
| | | | oadly relevant to the work? | Yes ✓ No |

Flottemesch 2



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