



## ICMJE Form for Disclosure of Potential 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) Maureen      2. Surname (Last Name) Phipp      3. Date 11/18/15
4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Al Siu
5. Manuscript Title  
Screening for Breast Cancer
6. Manuscript Identifying Number (if you know it)  
\_\_\_\_\_

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*I have no disclosures.*  
*MB*

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1. Given Name (First Name) William      2. Surname (Last Name) Phillips      3. Date 11/18/2015

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

5. Manuscript Title  
Screening for Breast Cancer

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?     Yes     No

*past NCI, CDC grants and contracts for research on use of screening tests for breast and other cancers in primary care*

*patents of*

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1. Given Name (First Name) Michael      2. Surname (Last Name) Pignone      3. Date 11-18-2015
4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Al Siu
5. Manuscript Title  
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1. Given Name (First Name) Douglas      2. Surname (Last Name) OWENS      3. Date 11/18/15
4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Al Siu
5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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travel reimbursement from USPSTF

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1. Given Name (First Name) Alex Kempner 2. Surname (Last Name) \_\_\_\_\_ 3. Date 11/18/15

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

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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) Alex      2. Surname (Last Name) Krist      3. Date 11/20/15
4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Al Siu
5. Manuscript Title  
Screening for Breast Cancer
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 (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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### 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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### Section 1. Identifying Information

1. Given Name (First Name) ANN      2. Surname (Last Name) KURTH      3. Date 11/18/15

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

5. Manuscript Title  
Screening for Breast Cancer

6. Manuscript Identifying Number (if you know it)  
\_\_\_\_\_

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**Section 1. Identifying Information**

1. Given Name (First Name) DAVID      2. Surname (Last Name) CROSSMAN      3. Date 11/15/15
4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Al Siu
5. Manuscript Title  
Screening for Breast Cancer
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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) Herstein      3. Date 11/17/15
4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Al Siu
5. Manuscript Title  
Screening for Breast Cancer
6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Matthew      2. Surname (Last Name) Billman      3. Date 11/18/15

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

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1. Given Name (First Name) FRANCISCO      2. Surname (Last Name) LOUREIRO      3. Date \_\_\_\_\_
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*Rami*  
*18 Nov 2015*

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### Section 1. Identifying Information

1. Given Name (First Name) Kama 2. Surname (Last Name) Davidson 3. Date Nov 18/15
4. Are you the corresponding author?  Yes  No Corresponding Author's Name  
Al Siu
5. Manuscript Title  
Screening for Breast Cancer
6. Manuscript Identifying Number (if you know it)

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MEDICAL JOURNAL EDITORS

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Al Siu

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1. Given Name (First Name) Kirsten      2. Surname (Last Name) Bibbins-Domingo      3. Date 11/17/15
4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Al Siu
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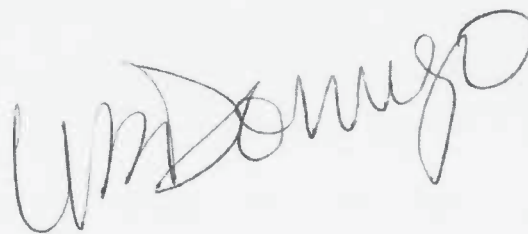
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1. Given Name (First Name) *Wolke*      2. Surname (Last Name) *Baumann*      3. Date *11/18/15*
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AI Siu
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Albert    Siu    18-November-2015

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