

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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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".

3. Relevant financial activities outside the submitted work.

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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.

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Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gregory	2. Surname (Last Name) Armstrong	3. Date 22-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirsten Ness
5. Manuscript Title Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors		
6. Manuscript Identifying Number (if you know it) M16-0742		

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

Section 3. Relevant financial activities outside the submitted work.

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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. Armstrong 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) Jacqueline	2. Surname (Last Name) Casillas	3. Date 12-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ness, Kiri
5. Manuscript Title Impact of Temporal Changes in Therapeutic Exposure on Health Status in Childhood Cancer Survivors		
6. Manuscript Identifying Number (if you know it) _____		

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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

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Casillas 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) Yan	2. Surname (Last Name) Chen	3. Date 30-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors	_____	
6. Manuscript Identifying Number (if you know it) M16-0742	_____	

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Chen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Karen	2. Surname (Last Name) Effinger	3. Date 30-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirsten Ness
5. Manuscript Title Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors		
6. Manuscript Identifying Number (if you know it) M16-0742		

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Section 1. Identifying Information

1. Given Name (First Name) Jennifer	2. Surname (Last Name) Ford	3. Date 21-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirsten Ness, PhD
5. Manuscript Title Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors		
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Section 1. Identifying Information

1. Given Name (First Name) Todd	2. Surname (Last Name) Gibson	3. Date 26-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirsten Ness
5. Manuscript Title Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors		
6. Manuscript Identifying Number (if you know it) M16-0742		

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

Section 3. Relevant financial activities outside the submitted work.

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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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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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Gibson has nothing to disclose.

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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) Daniel	2. Surname (Last Name) Green	3. Date 30-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirsten K. Ness
5. Manuscript Title Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors		
6. Manuscript Identifying Number (if you know it) M16-0742		

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

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Dr. Green 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) Tara	2. Surname (Last Name) Henderson	3. Date 03-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kiri Ness
5. Manuscript Title Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors		
6. Manuscript Identifying Number (if you know it) M16-0742		

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

Section 3. Relevant financial activities outside the submitted work.

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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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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) Melissa	2. Surname (Last Name) Hudson	3. Date 22-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ness
5. Manuscript Title Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors		
6. Manuscript Identifying Number (if you know it) M16-0742		

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

Section 3. Relevant financial activities outside the submitted work.

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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kendra	2. Surname (Last Name) Jones	3. Date 21-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirsten Ness, PhD
5. Manuscript Title Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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

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Kendra Jones 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) Kevin	2. Surname (Last Name) Krull	3. Date 21-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirsten Ness
5. Manuscript Title Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors		
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Dr. Krull has nothing to disclose.

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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) Wendy

2. Surname (Last Name) Leisenring

3. Date 30-September-2016

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

5. Manuscript Title Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors

6. Manuscript Identifying Number (if you know it) M16-0742

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH/NCI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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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. Leisenring reports grants from NIH/NCI, during the conduct of the study; .

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) Paul	2. Surname (Last Name) Nathan	3. Date 21-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors	_____	
6. Manuscript Identifying Number (if you know it)	_____	

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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. Nathan 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) Joseph	2. Surname (Last Name) Neglia	3. Date 03-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirsten Ness
5. Manuscript Title "Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors"		
6. Manuscript Identifying Number (if you know it) M16-0742		

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

Section 3. Relevant financial activities outside the submitted work.

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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. Neglia 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)
Kirsten

2. Surname (Last Name)
Ness

3. Date
21-September-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors

6. Manuscript Identifying Number (if you know it)
M16-0742

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Ness 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) Kevin	2. Surname (Last Name) Oeffinger	3. Date 30-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirsten Ness
5. Manuscript Title Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors		
6. Manuscript Identifying Number (if you know it) M16-0742		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Leslie	2. Surname (Last Name) Robison	3. Date 21-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name K. Ness
5. Manuscript Title Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors		
6. Manuscript Identifying Number (if you know it) M16-0742		

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Are there any relevant conflicts of interest? Yes No

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name KIRI NESS
5. Manuscript Title Impact of temporal changes in therapeutic exposure on health status in childhood cancer survivors		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Yutaka	2. Surname (Last Name) Yasui	3. Date 30-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirsten Ness
5. Manuscript Title Impact of temporal changes in therapeutic exposure on self-reported health status in childhood cancer survivors		
6. Manuscript Identifying Number (if you know it) _____		

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