

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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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Line	2. Surname (Last Name) Bjørge	3. Date 08-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Per Eystein Lønning
5. Manuscript Title White blood cell BRCA1 promoter methylation status and ovarian cancer risk		
6. Manuscript Identifying Number (if you know it) M17-0101		

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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Dr. Bjørge has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ulrika	2. Surname (Last Name) Axcrona	3. Date 13-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Per Eystein Lønning
5. Manuscript Title "White blood cell BRCA1 promoter methylation status and ovarian cancer risk"		
6. Manuscript Identifying Number (if you know it) M17-0101		

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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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Dr. Axcrona has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Elisabet	2. Surname (Last Name) Ognedal Berge	3. Date 11-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title White blood cell BRCA1 promoter methylation status and ovarian cancer risk	_____	
6. Manuscript Identifying Number (if you know it)	_____	

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Section 1. Identifying Information

1. Given Name (First Name) Merete	2. Surname (Last Name) Bjørnslett	3. Date 13-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Per Eystein Lønning
5. Manuscript Title White blood cell BRCA1 promoter methylation status and ovarian cancer risk		
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Section 1. Identifying Information

1. Given Name (First Name) Imre	2. Surname (Last Name) Janszky	3. Date 02-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Per Lønning
5. Manuscript Title White blood cell BRCA1 promoter methylation status and ovarian cancer risk		
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Per Eystein

2. Surname (Last Name)
Lønning

3. Date
02-November-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
White blood cell BRCA1 promoter methylation status and ovarian cancer risk

6. Manuscript Identifying Number (if you know it)
M17-101

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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Section 6. Disclosure Statement

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I declare I have no conflicts of interest in respect to this work.

Per E Lønning

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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) Ben	2. Surname (Last Name) Davidson	3. Date 02-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Per Lønning
5. Manuscript Title White blood cell BRCA1 promoter methylation status and ovarian cancer risk		
6. Manuscript Identifying Number (if you know it) M17-0101		

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

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Dr. Davidson 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)
D Gareth

2. Surname (Last Name)
Evans

3. Date
01-November-2017

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

5. Manuscript Title
White blood cell BRCA1 promoter methylation status and ovarian cancer risk

6. Manuscript Identifying Number (if you know it)
M17-0101

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Astrazeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Webinar fee

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

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Dr. Evans reports personal fees from Astrazeneca, 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) Stian	2. Surname (Last Name) Knappskog	3. Date 02-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title White blood cell BRCA1 promoter methylation status and ovarian cancer risk		
6. Manuscript Identifying Number (if you know it) M17-0101		

Section 2. The Work Under Consideration for Publication

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Dr. Knappskog 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) Laura	2. Surname (Last Name) Minsaas	3. Date 02-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Professor Per E. Lønning
5. Manuscript Title White blood cell BRCA1 promoter methylation status and ovarian cancer risk		
6. Manuscript Identifying Number (if you know it) M17-0101		

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Dr. Minsaas 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)
Silje

2. Surname (Last Name)
Bjørneklett

3. Date
02-November-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
White blood cell BRCA1 promoter methylation status and ovarian cancer risk

6. Manuscript Identifying Number (if you know it)
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Dr. Bjørneklett 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) Anthony	2. Surname (Last Name) Howell	3. Date 02-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Per Eystein Lønning
5. Manuscript Title White blood cell BRCA1 promoter methylation status and ovarian cancer risk		
6. Manuscript Identifying Number (if you know it) M17-0101		

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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Howell 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) Ranjan	2. Surname (Last Name) Chrisanthar	3. Date 03-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Per Eystein Lønning
5. Manuscript Title White blood cell BRCA1 promoter methylation status and ovarian cancer risk		
6. Manuscript Identifying Number (if you know it) M17-0101		

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hildegunn	2. Surname (Last Name) Høberg-Vetti	3. Date 03-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title White blood cell BRCA1 promoter methylation status and ovarian cancer risk		
6. Manuscript Identifying Number (if you know it) M17-0101		

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. Høberg-Vetti 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)
Kristian

2. Surname (Last Name)
Hveem

3. Date
05-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Per Eystein Lønning

5. Manuscript Title
White blood cell BRCA1 promoter methylation status and ovarian cancer risk

6. Manuscript Identifying Number (if you know it)
M17 -0101

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christine	2. Surname (Last Name) Eriksen	3. Date 06-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Prof. P. E. Lønning
5. Manuscript Title White blood cell BRCA1 promoter methylation status and ovarian cancer risk		
6. Manuscript Identifying Number (if you know it) M17-0101		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Florence

2. Surname (Last Name)
Busato

3. Date
06-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Per E. Lønning

5. Manuscript Title

White blood cell 1 BRCA1 promoter methylation status and ovarian cancer risk

6. Manuscript Identifying Number (if you know it)

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) cécile	2. Surname (Last Name) dulary	3. Date 06-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Per E. Lønning
5. Manuscript Title White blood cell 1 BRCA1 promoter methylation status and ovarian cancer risk		
6. Manuscript Identifying Number (if you know it)		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jorg	2. Surname (Last Name) Tost	3. Date 06-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Prof. Per Eystein Lonning
5. Manuscript Title White blood cell BRCA1 promoter methylation status and ovarian cancer risk		
6. Manuscript Identifying Number (if you know it) M17-0101		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Reidun	2. Surname (Last Name) Kopperud	3. Date 06-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Per Eystein Lønning
5. Manuscript Title White blood cell BRCA1 promoter methylation status and ovarian cancer risk		
6. Manuscript Identifying Number (if you know it) M17-101		

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I declare I have no conflicts of interest in respect to this work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Pål Richard	2. Surname (Last Name) Romundstad	3. Date 02-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Per E Lønning
5. Manuscript Title White blood cell BRCA1 promoter methylation status and ovarian cancer risk		
6. Manuscript Identifying Number (if you know it) M17-0101		

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Section 1. Identifying Information

1. Given Name (First Name) Lars	2. Surname (Last Name) Vatten	3. Date 13-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it) M17-0101		

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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)
Anne

2. Surname (Last Name)
Dørum

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Per Eystein Lønning

5. Manuscript Title

White blood cell 1 BRCA1 promoter methylation status and ovarian cancer risk

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Dørum has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.