

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Meredith

2. Surname (Last Name)
Shiels

3. Date
13-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Projected Cancer Incidence and Burden in HIV-Infected Adults in the United States through 2030

6. Manuscript Identifying Number (if you know it)
M17-2499

Section 2. The Work Under Consideration for Publication

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Dr. Shiels has nothing to disclose.

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1. Given Name (First Name) Evin	2. Surname (Last Name) Uzun Jacobson	3. Date 13-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Meredith Shiels
5. Manuscript Title Projected Cancer Incidence and Burden in HIV-infected Adults in the United States through 2030		
6. Manuscript Identifying Number (if you know it) M17-2499		

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Section 1. Identifying Information

1. Given Name (First Name) H Irene	2. Surname (Last Name) Hall	3. Date 08-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Meredith S. Shiels
5. Manuscript Title Projected Cancer Incidence and Burden in HIV-infected Adults in the United States through 2030		
6. Manuscript Identifying Number (if you know it)		

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Dr. Hall has nothing to disclose.

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1. Given Name (First Name) Eric	2. Surname (Last Name) Engels	3. Date 08-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Projected Cancer Incidence and Burden in HIV-infected Adults in the United States through 2030		
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Section 1. Identifying Information

1. Given Name (First Name) Philip	2. Surname (Last Name) Rosenberg	3. Date 11-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shiels
5. Manuscript Title "Projected Cancer Incidence and Burden in HIV-infected Adults in the United States through 2030"		
6. Manuscript Identifying Number (if you know it) M17-2499		

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

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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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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?

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Dr. Rosenberg has nothing to disclose.

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