

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Scott	3. Date 14-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karla Kerlikowski
5. Manuscript Title Automated and Clinical BI-RADS Breast Density Measures Predict Risk of Screen-detected and Interval Cancers		
6. Manuscript Identifying Number (if you know it) M17-3008		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Scott has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Karla

2. Surname (Last Name)
Kerlikowske

3. Date
14-February-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Automated and Clinical BI-RADS Breast Density Measures Predict Risk of Screen-detected and Interval Cancers

6. Manuscript Identifying Number (if you know it)
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Dr. Kerlikowske has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Stacey	2. Surname (Last Name) Winham	3. Date 14-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karla Kerlikowski
5. Manuscript Title Automated and Clinical BI-RADS Breast Density Measures Predict Risk of Screen-detected and Interval Cancers		
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Dr. Winham has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Vernon Shane

2. Surname (Last Name)
Pankratz

3. Date
15-February-2018

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

5. Manuscript Title
Automated and Clinical BI-RADS Breast Density Measures Predict Risk of Screen-detected and Interval Cancers

6. Manuscript Identifying Number (if you know it)
M17-3008

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Section 1. Identifying Information

1. Given Name (First Name)
Amir Pasha

2. Surname (Last Name)
Mahmoudzadeh

3. Date
27-March-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Karla Kerlikowske

5. Manuscript Title
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Mr. Mahmoudzadeh has nothing to disclose.

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1. Given Name (First Name) Kathleen	2. Surname (Last Name) Brandt	3. Date 09-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karla Kerlikowske
5. Manuscript Title Automated and Clinical BI-RADS Breast Density Measures Predict Risk of Screen-detected and Interval Cancers		
6. Manuscript Identifying Number (if you know it) M17-3008		

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

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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. Brandt has nothing to disclose.

Evaluation and Feedback

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Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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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)
Diana

2. Surname (Last Name)
Miglioretti

3. Date
01-March-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Karla Kerlikowske

5. Manuscript Title
Automated and Clinical BI-RADS Breast Density Measures Predict Risk of Screen-detected and Interval Cancers

6. Manuscript Identifying Number (if you know it)
M17-3008

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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"/>	

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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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Hologic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel to Advisory Board meeting

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Miglioretti reports grants from National Institutes of Health, during the conduct of the study; personal fees and other from Hologic, 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)
Celine

2. Surname (Last Name)
Vachon

3. Date
28-February-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Karla Kerlikowske

5. Manuscript Title
Automated and Clinical BI-RADS Breast Density Measures Predict Risk of Screen-detected and Interval Cancers

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M17-3008

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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
NCI R01 CA177150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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
Grail, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	We have funding from GRAIL, Inc. but did not provide funding for this current research.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Vachon reports grants from NCI R01 CA177150, during the conduct of the study; other from Grail, Inc, 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) Matthew	2. Surname (Last Name) Jensen	3. Date 06-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karla Kerlikowski
5. Manuscript Title Automated and Clinical BI-RADS Breast Density Measures Predict Risk of Screen-detected and Interval Cancers		
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Mr. Jensen 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) John	2. Surname (Last Name) Shepherd	3. Date 12-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Automated and Clinical BI-RADS Breast Density Measures Predict Risk of Screen-detected and Interval Cancers		
6. Manuscript Identifying Number (if you know it) M17-3008		

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Are there any relevant conflicts of interest? Yes No

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Dr. Shepherd 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)
Steven

2. Surname (Last Name)
Cummings

3. Date
14-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Karla Kerlikowske

5. Manuscript Title
Automated and Clinical BI-RADS Breast Density Measures Predict Risk of Screen-detected and Interval Cancers

6. Manuscript Identifying Number (if you know it)

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Dr. Cummings has nothing to disclose.

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

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1. Given Name (First Name) Fang-Fang	2. Surname (Last Name) Wu	3. Date 26-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karla Kerlikowske
5. Manuscript Title Combined effect of volumetric breast density and body mass index on breast 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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Section 1. Identifying Information

1. Given Name (First Name)
Lin

2. Surname (Last Name)
Ma

3. Date
28-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Automated and Clinical BI-RADS Breast Density Measures Predict Risk of Screen-detected and Interval Cancers

6. Manuscript Identifying Number (if you know it)
M17-3008

Section 2. The Work Under Consideration for Publication

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Ms. Ma has nothing to disclose.

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1. Given Name (First Name) Serghei	2. Surname (Last Name) Malkov	3. Date 29-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karla Kerlikowske
5. Manuscript Title Automated and Clinical BI-RADS Breast Density Measures Predict Risk of Screen-detected and Interval Cancers		
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