

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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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.

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.

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**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

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**Other:** Anything not covered under the previous three boxes

**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) Christopher	2. Surname (Last Name) Jensen	3. Date 20-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kevin Selby
5. Manuscript Title Influence of varying quantitative fecal immunochemical test positivity thresholds on colorectal cancer detection: a community-based cohort study		
6. Manuscript Identifying Number (if you know it) M18-0244		

### 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

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 Cancer Institute	<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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### Section 6. Disclosure Statement

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Dr. Jensen reports grants from National Cancer Institute, 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)  
Celette Sugg

2. Surname (Last Name)  
Skinner

3. Date  
21-June-1918

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Kevin Selby

5. Manuscript Title  
"Influence of varying quantitative fecal immunochemical test positivity thresholds on colorectal cancer detection: a community-based cohort study"

6. Manuscript Identifying Number (if you know it)  
M18-0244

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Dr. Skinner 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)  
Douglas

2. Surname (Last Name)  
Corley

3. Date  
21-June-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Influence of varying quantitative fecal immunochemical test positivity thresholds on colorectal cancer detection: a community-based cohort study

6. Manuscript Identifying Number (if you know it)  
M18-0244

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

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Dr. Corley reports grants from NIH, 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)  
Jessica

2. Surname (Last Name)  
Chubak

3. Date  
25-June-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Kevin Selby

5. Manuscript Title  
Influence of varying quantitative fecal immunochemical test positivity thresholds on colorectal cancer detection: a community-based cohort study

6. Manuscript Identifying Number (if you know it)  
M18-0244

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Dr. Chubak has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Nirupa	2. Surname (Last Name) Ghai	3. Date 18-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Influence of varying quantitative fecal immunochemical test positivity thresholds on colorectal cancer detection: a community-based cohort study		
6. Manuscript Identifying Number (if you know it) M18-0244		

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Dr. Ghai 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)  
Kevin

2. Surname (Last Name)  
Selby

3. Date  
18-June-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Influence of varying quantitative fecal immunochemical test positivity thresholds on colorectal cancer detection: a community-based cohort study

6. Manuscript Identifying Number (if you know it)  
M18-0244

### 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

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
Swiss Cancer Research Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BIL KFS-3720-08-2015

### 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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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Selby reports grants from Swiss Cancer Research Foundation, 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)  
Ethan

2. Surname (Last Name)  
Halm

3. Date  
18-June-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

5. Manuscript Title  
Influence of varying quantitative fecal immunochemical test positivity thresholds on colorectal cancer detection: a community-based cohort study

6. Manuscript Identifying Number (if you know it)  
M18-0244

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Dr. Halm 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)  
Theodore

2. Surname (Last Name)  
Levin

3. Date  
18-June-2018

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

5. Manuscript Title  
Influence of varying quantitative fecal immunochemical test positivity thresholds on colorectal cancer detection: a community-based cohort study

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M18-0244

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

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Dr. Levin reports grants from NCI, 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) Chyke	2. Surname (Last Name) Doubeni	3. Date 18-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kevin Selby
5. Manuscript Title Influence of varying quantitative fecal immunochemical test positivity thresholds on colorectal cancer detection: a community-based cohort study		
6. Manuscript Identifying Number (if you know it) M18-0244		

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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

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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I am a member of the US Preventive Services Task Force  
I also author topics on UpToDate

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### Section 6. Disclosure Statement

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Dr. Doubeni reports and I am a member of the US Preventive Services Task Force  
I also author topics on UpToDate.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Aruna

2. Surname (Last Name)  
Kamineni

3. Date  
18-June-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Influence of varying quantitative fecal immunochemical test positivity thresholds on colorectal cancer detection: a community-based cohort study

6. Manuscript Identifying Number (if you know it)  
M18-0244

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Dr. Kamineni 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)  
Richard

2. Surname (Last Name)  
Contreras

3. Date  
28-June-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

5. Manuscript Title  
Influence of varying quantitative fecal immunochemical test positivity thresholds on colorectal cancer detection: a community-based cohort study"

6. Manuscript Identifying Number (if you know it)  
M18-0244

### 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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Mr. Contreras 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)  
Jeffrey

2. Surname (Last Name)  
Lee

3. Date  
28-June-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Kevin Selby

5. Manuscript Title  
Influence of varying quantitative fecal immunochemical test positivity thresholds on colorectal cancer detection: a community-based cohort study

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

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Dr. Lee has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Wei	2. Surname (Last Name) Zhao	3. Date 03-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kevin Selby
5. Manuscript Title Influence of varying quantitative fecal immunochemical test positivity thresholds on colorectal cancer detection: a community-based cohort study		
6. Manuscript Identifying Number (if you know it) M18-0244		

### Section 2. The Work Under Consideration for Publication

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Joanne

2. Surname (Last Name)

Schottinger

3. Date

01-August-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Kevin Slesby

5. Manuscript Title

Influence of varying quantitative fecal immunochemical test positivity thresholds on colorectal cancer detection: a community based cohort study

6. Manuscript Identifying Number (if you know it)

m18-0244

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Are there any relevant conflicts of interest?

 Yes No

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