

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.

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) Roger	2. Surname (Last Name) Logan	3. Date 07-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xabier Garcia-Albeniz
5. Manuscript Title Discontinuation of annual screening mammograms and breast-cancer mortality in women over 70		
6. Manuscript Identifying Number (if you know it) M18-1199		

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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Section 1. Identifying Information

1. Given Name (First Name)
Miguel

2. Surname (Last Name)
Hernan

3. Date
07-June-2018

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

5. Manuscript Title
Discontinuation of annual screening mammograms and breast-cancer mortality in women over 70

6. Manuscript Identifying Number (if you know it)
M18-1199

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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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Hernan reports grants from NIH, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)

Katrina

2. Surname (Last Name)

Armstrong

3. Date

07-June-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Discontinuation of annual screening mammograms and breast-cancer mortality in women over 70

6. Manuscript Identifying Number (if you know it)

M18-1199

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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) Mary	2. Surname (Last Name) Price	3. Date 08-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xabier Garcia-Albeniz
5. Manuscript Title Discontinuation of annual screening mammograms and breast-cancer mortality in women over 70		
6. Manuscript Identifying Number (if you know it)		

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Ms. Price has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Xabier

2. Surname (Last Name)
Garcia-Albeniz

3. Date
09-June-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Discontinuation of annual screening mammograms and breast-cancer mortality in women over 70

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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

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Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Hsu

3. Date
28-June-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Discontinuation of annual screening mammograms and breast-cancer mortality in women over 70

6. Manuscript Identifying Number (if you know it)
M18-1199

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 Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Agency for Healthcare Research and Quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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American Association for the Advancement of Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting
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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DaVita	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting
Sidley Austin LLP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting
Delta Health Alliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting
Community Servings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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

Dr. Hsu works at the Massachusetts General Hospital, which provides medical care and cancer screening for Medicare beneficiaries.

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.

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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. Hsu reports grants from National Institutes of Health, grants from Agency for Healthcare Research and Quality, during the conduct of the study; other from American Association for the Advancement of Science, other from University of California, other from DaVita, other from Sidley Austin LLP, other from Delta Health Alliance, other from Community Servings, outside the submitted work; and Hsu works at the Massachusetts General Hospital, which provides medical care and cancer screening for Medicare beneficiaries..

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