

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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Pending: The patent has been filed but not issued

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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)
Lauri

2. Surname (Last Name)
Hicks

3. Date
29-March-2019

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

5. Manuscript Title
Screening for Colorectal Cancer in Asymptomatic Average Risk Adults: A Guidance Statement from the American College of Physicians

6. Manuscript Identifying Number (if you know it)
M19-0642

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Dr. Hicks has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Reem
2. Surname (Last Name)
Mustafa
3. Date
01-April-2019
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Amir Qaseem
5. Manuscript Title
Screening for Colorectal Cancer in Asymptomatic Average Risk Adults: A Guidance Statement from the American College of Physicians
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Dr. Mustafa has nothing to disclose.

Evaluation and Feedback

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ICMJE DISCLOSURE FORM

Date: Updated Jan 31 2023 for work e-published November 5 2019

Your Name: Reem Mustafa

Manuscript Title: Screening for Colorectal Cancer in Asymptomatic Average-Risk Adults: A Guidance Statement From the American College of Physicians.

Manuscript Number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">The work for this manuscript was funded by ACP but I did not receive any funding</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: right;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	The work for this manuscript was funded by ACP but I did not receive any funding				<small>Click the tab key to add additional rows.</small>	
The work for this manuscript was funded by ACP but I did not receive any funding								
<small>Click the tab key to add additional rows.</small>								
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">ASH</td> <td style="width: 40%; padding: 2px;">Conducting systematic reviews and methodological support for guideline development. This work is unrelated to this article.</td> </tr> <tr> <td style="padding: 2px;">ACR</td> <td style="padding: 2px;">Conducting systematic reviews. This work is unrelated to this article.</td> </tr> <tr> <td style="padding: 2px;">Boehringer Ingelheim</td> <td style="padding: 2px;">I was the site PI on the EMPA-kidney study which is subaward from the Duke Clinical Research Institute. The study received grant funds from Boehringer Ingelheim. The study involved an unrelated disease area. The grant funds went to the University of Kansas Medical Center Research institute which manages</td> </tr> </table>	ASH	Conducting systematic reviews and methodological support for guideline development. This work is unrelated to this article.	ACR	Conducting systematic reviews. This work is unrelated to this article.	Boehringer Ingelheim	I was the site PI on the EMPA-kidney study which is subaward from the Duke Clinical Research Institute. The study received grant funds from Boehringer Ingelheim. The study involved an unrelated disease area. The grant funds went to the University of Kansas Medical Center Research institute which manages
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			grants for the University of Kansas Medical Center. My salary and compensations were not funded by this grant. This work is unrelated to this article.
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Evidence foundation	Methodological support. This work is unrelated to this article.
		AGA	Evidence reviews and methodological support. This work is unrelated to this article.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Evidence foundation	Honoraria for teaching. This work is unrelated to this article.
		ICER	Honoraria for public meetings. This work is unrelated to this article.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Boehringer Ingelheim	Travel to Duke Clinical Research Institute. This work is unrelated to this article.
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		The SURVENT trial- NIH	This work is unrelated to this article.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Evidence Foundation- Board of Directors	This work is unrelated to this article.
		Medical Advisory Board- NKF	This work is unrelated to this article.
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Methods committee- KDIGO	This work is unrelated to this article.
		Clinical Guideline Committee-CSN	This work is unrelated to this article.
		Chair- ICER Midwest CEPAC	This work is unrelated to this article.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Section 1. Identifying Information

1. Given Name (First Name)
Amir

2. Surname (Last Name)
Qaseem

3. Date
12-March-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Screening for Colorectal Cancer in Asymptomatic Average Risk Adults: A Guidance Statement from the American College of Physicians

6. Manuscript Identifying Number (if you know it)
M19-0642

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Dr. Qaseem has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Carolyn

2. Surname (Last Name)
Crandall

3. Date
27-March-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Amir Qaseem

5. Manuscript Title

Screening for Colorectal Cancer in Asymptomatic Average Risk Adults: A Guidance Statement from the American College of Physicians

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Dr. Crandall 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) Timothy	2. Surname (Last Name) Wilt	3. Date 16-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qaseem
5. Manuscript Title Screening for Colorectal Cancer...ACP		
6. Manuscript Identifying Number (if you know it) M19-0642		

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

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

Dr. Wilt has nothing to disclose.

Evaluation and Feedback

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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) carrie	2. Surname (Last Name) horwitch	3. Date 05-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title : "Screening for Colorectal Cancer in Asymptomatic Average Risk Adults: A Guidance Statement from the American College of Physicians"		
6. Manuscript Identifying Number (if you know it) M19-0642		

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

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Section 6. Disclosure Statement

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Dr. horwitch 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)
Janice

2. Surname (Last Name)
Tuft

3. Date
06-September-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
"Screening for Colorectal Cancer in Asymptomatic Average Risk Adults: A Guidance Statement from the American College of Physicians"

6. Manuscript Identifying Number (if you know it)
M19-0642

Section 2. The Work Under Consideration for Publication

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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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Ms. Tufte 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) Devan	2. Surname (Last Name) Kansagara	3. Date 17-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Screening for Colorectal Cancer in Asymptomatic Average Risk Adults: A Guidance Statement from the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M19-0642		

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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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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Dr. Kansagara 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 Ann	2. Surname (Last Name) Forcica	3. Date 21-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Quaseem
5. Manuscript Title Screening for Colorectal Cancer in Asymptomatic Average Risk Adults: a Guidance Statement from the ACP		
6. Manuscript Identifying Number (if you know it) M19-0642		

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Dr. Forcica 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)
nick
2. Surname (Last Name)
fitterman
3. Date
06-September-2019
4. Are you the corresponding author? Yes No Corresponding Author's Name
5. Manuscript Title
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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. fitterman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
McLean

3. Date
25-September-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
amir qaseem

5. Manuscript Title
Screening for Colorectal Cancer in Asymptomatic Average Risk Adults: A Guidance Statement from the American College of Physicians"

6. Manuscript Identifying Number (if you know it)

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Dr. McLean has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Maroto

3. Date

06-September-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Screening for Colorectal Cancer in Asymptomatic Average Risk Adults: A Guidance Statement from the American College of Physicians

6. Manuscript Identifying Number (if you know it)

M19-0642

Section 2. The Work Under Consideration for Publication

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JAIRO

2. Surname (Last Name)

ROA

3. Date

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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