ICMJE Form for Disclosure of Potential Conflicts of Interest

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. **Identifying information.**  

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

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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)  
   Jeffrey

2. Surname (Last Name)  
   Abrams

3. Date  
   14-May-2019

4. Are you the corresponding author?  
   Yes ✔  
   No

5. Manuscript Title  
   Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy

6. Manuscript Identifying Number (if you know it)  
   19-04819

## 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

---

Abrams
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):
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Section 6. Disclosure Statement

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Dr. Abrams has nothing to disclose.

Evaluation and Feedback

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Kathy

2. Surname (Last Name)  
   Albain

3. Date  
   15-April-2019

4. Are you the corresponding author?  
   Yes ☐  No ☑

Corresponding Author’s Name  
Joseph Sparano

5. Manuscript Title  
Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy

6. Manuscript Identifying Number (if you know it)  
19-04819

---

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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 ☐

If yes, please fill out the appropriate information below.

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☐ Yes  ✔ No

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**Section 6. Disclosure Statement**

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Dr. Albain reports personal fees from Novartis, personal fees from Pfizer, personal fees from Myriad, personal fees from Genomic Health, Inc, personal fees from Genentech/Roche, personal fees from Puma, grants from Seattle Genetics, outside the submitted work.

**Evaluation and Feedback**

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Section 1. Identifying Information

1. Given Name (First Name) Sunil
2. Surname (Last Name) Badve
3. Date 15-April-2019
4. Are you the corresponding author? No
   Corresponding Author’s Name Joseph Sparano
5. Manuscript Title
   Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant therapy
6. Manuscript Identifying Number (if you know it)
   19-04819

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Dr. Badve has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Berenberg

3. Date  
   15-April-2019

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
Joseph Sparano

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
   Adam

2. Surname (Last Name)  
   Brufsky

3. Date  
   15-April-2019

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author's Name  
   Joseph Sparano

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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### 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

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### Section 6. Disclosure Statement

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Dr. Brufsky reports personal fees from Genomic Health, personal fees from Agendia, personal fees from Biotheranostics, personal fees from Bioarray Technologies, personal fees from Myriad, personal fees from Prosigna, outside the submitted work.

### 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)  Elizabeth
2. Surname (Last Name)  Dees
3. Date  22-April-2019
4. Are you the corresponding author?  ☑ No
   Corresponding Author's Name  Joseph A. Sparano
5. Manuscript Title  Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy
6. Manuscript Identifying Number (if you know it)  19-04819

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?  ☑ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  ☑ Yes  ☑ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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[√] No

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[ ] No other relationships/conditions/circumstances that present a potential conflict of interest

Spouse has some consulting income from a different branch of Novartis.

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Section 6. Disclosure Statement

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Dr. Dees reports grants from Pfizer, grants from Merck, grants from Lilly, grants from Novartis, outside the submitted work; and her spouse has some consulting income from a different branch of Novartis.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
   Matthew

2. Surname (Last Name)
   Ellis

3. Date
   15-May-2019

4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name
   Joseph Sparano

5. Manuscript Title
   Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy

6. Manuscript Identifying Number (if you know it)
   19-04819

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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

If yes, please fill out the appropriate information below.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
--- | --- | --- | --- | --- | ---
Novartis |  | ☑ |  |  | Consulting/Advisory Role

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☑ 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.

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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. Ellis reports personal fees and other from Bioclassifier, personal fees and other from Prosigna, personal fees and other from NanoString, personal fees from AstraZeneca, personal fees from Pfizer, personal fees from Sermonix, personal fees from AbbVie, personal fees from Novartis, outside the submitted work; In addition, Dr. Ellis has a patent Methods and Compositions Involving Intrinsic Genes (PCT/US2006/044737) with royalties paid to Nanostring, a patent Gene Expression Profiles to Predict Breast Cancer Outcomes (PCT/US2009/045820) with royalties paid to Nanostring, a patent Methods of Treating Breast Cancer with Anthracyline Therapy (US 61/453,035) licensed to Nanostring, a patent Methods of Treating Breast Cancer with Taxane Therapy (US201161565133P) licensed to Nanostring, and a patent Copy number aberration driven endocrine response gene signature (PCT/US2013/045525) issued.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Charles
2. Surname (Last Name) Geyer
3. Date 15-April-2019
4. Are you the corresponding author? ☑ Yes  ☐ No
   Corresponding Author’s Name Joseph Sparano
5. Manuscript Title
   Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy
6. Manuscript Identifying Number (if you know it)
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Dr. Geyer reports grants from National Cancer Institute 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)**  
   Matthew

2. **Surname (Last Name)**  
   Goetz

3. **Date**  
   17-April-2019

4. **Are you the corresponding author?**  
   Yes [✓]  No [ ]

   **Corresponding Author’s Name**  
   Joseph Sparano

5. **Manuscript Title**  
   Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy

6. **Manuscript Identifying Number (if you know it)**  
   19-05819

## 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 [ ]

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

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Section 6. Disclosure Statement

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Dr. Goetz reports personal fees from Genomic Health, other from Lilly, other from Biovica, other from Novartis, other from Sermonix, other from Context Pharm, grants from Pfizer, grants from Lilly, outside the submitted work.

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) Timothy
2. Surname (Last Name) Goggins
3. Date 15-April-2019
4. Are you the corresponding author? ☑ No

5. Manuscript Title
Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy

6. Manuscript Identifying Number (if you know it)
19-04819

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? ☑ No

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Are there any relevant conflicts of interest? ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
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Section 6. Disclosure Statement

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Dr. Goggins has nothing to disclose.

Evaluation and Feedback

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<td>Henry</td>
<td>Gomez</td>
<td>15-April-2019</td>
</tr>
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4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name
   Joseph Sparano

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Gomez 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)  
   Robert  
2. Surname (Last Name)  
   Gray  
3. Date  
   17-April-2019  
4. Are you the corresponding author?  
   ✔ Yes  
   No  
   Corresponding Author’s Name  
   Joseph Sparano  
5. Manuscript Title  
   Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy  
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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.

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<td>❑</td>
<td>❑</td>
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<td>❑</td>
<td>❑</td>
<td>✔</td>
<td>GHI provided additional funding for data collection and to support costs of providing the study data to GHI. Some of those funds were received by DFCI, and have been used for a portion of my salary</td>
</tr>
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</table>

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Dr. Gray reports grants from National Cancer Institute, other from Genomic Health, Inc, 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) Daniel
2. Surname (Last Name) Hayes
3. Date 23-April-2019
4. Are you the corresponding author? ☑ Yes
   Corresponding Author’s Name Joseph Sparano
5. Manuscript Title
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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  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.

|----------------------------------|----------|---------|-----------|------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------|
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):

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Section 6. Disclosure Statement

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Dr. Hayes reports other from Oncimmune LLC, other from Inbiomotion, personal fees from Cepheid, personal fees from Freenome, personal fees from Cellworks, personal fees from CVS Caremark Breast Cancer Expert Panel, personal fees from Agendia, grants from Merrimack Pharmaceuticals, Inc, grants from Eli Lilly Company, grants from Menarini/Silicon BioSystems, grants from Puma Biotechnology, grants from AstraZeneca, outside the submitted work. In addition, Dr. Hayes reports a patent, A method for predicting progression free and overall survival at each follow-up timepoint during therapy of metastatic breast cancer patients using circulating tumor cells (Application No./Patent No. 05725638.0-1223-US2005008602) issued, a patent, Diagnosis and treatment of breast cancer (Patent No.: US 8,790,878 B2) with royalties paid to Menarini Silicon Biosystems, and a patent, Circulating tumor cell capturing techniques and devices (Patent No.: US 8,951,484 B2) issued.

Evaluation and Feedback

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

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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)  Virginia
2. Surname (Last Name)  Kaklamani
3. Date  15-April-2019
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy
6. Manuscript Identifying Number (if you know it)
19-04819

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
If yes, please fill out the appropriate information below.

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Dr. Kaklamani reports personal fees from Genomic Health, personal fees from Pfizer, personal fees from Novartis, personal fees from Puma, personal fees from Genentech, personal fees from Celgene, grants and personal fees from Eisai, 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)  
Maccon

2. Surname (Last Name)  
Keane

3. Date  
16-April-2019

4. Are you the corresponding author?  
Yes  No  ✔

5. Manuscript Title  
Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy

6. Manuscript Identifying Number (if you know it)  
19-04819

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.)?

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Are there any relevant conflicts of interest?  Yes  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Keane has nothing to disclose.

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<tr>
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</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☒ No</td>
</tr>
</tbody>
</table>

**Corresponding Author’s Name**

Joseph Sparano

**Manuscript Title**

Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy

**Manuscript Identifying Number (if you know it)**

19-04819

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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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Dr. Lively has nothing to disclose.

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Makower
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Della

2. **Surname (Last Name)**
   - Makower

3. **Date**
   - 15-April-2019

4. **Are you the corresponding author?**
   - Yes [✓]  No  
   
   **Corresponding Author’s Name**
   - Joseph Sparano

5. **Manuscript Title**
   - Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy

6. **Manuscript Identifying Number (if you know it)**
   - 19-04819

## Section 2. The Work Under Consideration for Publication

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- Yes [✓]  No  

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- 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. Makower 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)  
   Ingrid

2. Surname (Last Name)  
   Mayer

3. Date  
   15-April-2019

4. Are you the corresponding author?  
   Yes ☑ No  
   Corresponding Author’s Name  
   Joseph Sparano

5. Manuscript Title  
   Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy

6. Manuscript Identifying Number (if you know it)  
   19-04819

## 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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   If yes, please fill out the appropriate information below.

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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

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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. Mayer reports grants and personal fees from Novartis, grants from Pfizer, grants and personal fees from Genentech, personal fees from Lilly, personal fees from AstraZeneca, personal fees from Immunomedics, personal fees from MacroGenics, personal fees from Seattle Genetics, personal fees from GSK, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Olson

3. Date  
22-April-2019

4. Are you the corresponding author?  

☐ Yes  
☒ No

Corresponding Author’s Name  
Joseph A. Sparano

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Are there any relevant conflicts of interest?  

☐ Yes  
☒ No

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☒ No
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Dr. Olson 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)  
   Soonmyung

2. Surname (Last Name)  
   Paik

3. Date  
   17-April-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

Corresponding Author’s Name  
Joseph Sparano

5. Manuscript Title  
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✔ 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

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.

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<td>Genomic Health Inc</td>
<td>All rights transferred to NSABP Foundation, I have no financial interests.</td>
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Dr. Paik reports a patent, Molecular indicators of breast cancer prognosis and prediction of treatment response (US7622251) licensed to Genomic Health Inc, a patent, Predicting response to chemotherapy using gene expression markers (US7930104) licensed to Genomic Health Inc, a patent, Prediction of likelihood of cancer recurrence (US7930104) licensed to Genomic Health Inc, and a patent, Predicting response to chemotherapy using gene expression markers (US8868352) licensed to Genomic Health.
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1. **Given Name (First Name)**  
   Kathleen

2. **Surname (Last Name)**  
   Pritchard

3. **Date**  
   17-April-2019

4. Are you the corresponding author?  
   - [ ] Yes  
   - [✓] No

   **Corresponding Author’s Name**  
   Joseph Sparano

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Are there any relevant conflicts of interest?  

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☐ Yes  ✔ No

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Dr. Pritchard reports grants and personal fees from Pfizer, grants and personal fees from Roche, personal fees from Amgen, grants and personal fees from Novartis, personal fees from Eisai, grants and personal fees from Genomic Health Inc., personal fees from Myriad Genetic Laboratories, 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)  
   Peter

2. Surname (Last Name)  
   Ravdin

3. Date  
   13-May-2019

4. Are you the corresponding author?  
   [ ] Yes  [ ] No

Corresponding Author’s Name  
Joseph Sparano

5. Manuscript Title  
   Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy

6. Manuscript Identifying Number (if you know it)  
   19-04819

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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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

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

Dr. Ravdin has nothing to disclose.

Evaluation and Feedback

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Pavan

2. **Surname (Last Name)**  
   Reddy

3. **Date**  
   17-April-2019

4. **Are you the corresponding author?**  
   Yes

5. **Manuscript Title**  
   Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy

6. **Manuscript Identifying Number (if you know it)**  
   19-04819

---

### 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

---

Reddy
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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

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Dr. Reddy 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)  
   Thomas

2. Surname (Last Name)  
   Saphner

3. Date  
   22-April-2019

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   Joseph Sparano

5. Manuscript Title  
   Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy

6. Manuscript Identifying Number (if you know it)  
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Dr. Saphner 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)  George
2. Surname (Last Name)  Sledge
3. Date  13-May-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Joseph Sparano
5. Manuscript Title
   Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy
6. Manuscript Identifying Number (if you know it)
   19-04819

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Are there any relevant conflicts of interest?  Yes  No

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<td>Genomic Health</td>
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Sledge
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Dr. Sledge reports grants from National Cancer Institute, personal fees from Genomic Health, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Sparano

3. Date  
   22-April-2019

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   Yes ☑ No

5. Manuscript Title  
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<tr>
<td>National Cancer Institute</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Grant number provided in Support section of manuscript</td>
</tr>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  Deborah
2. Surname (Last Name)  Toppmeyer
3. Date  15-April-2019
4. Are you the corresponding author?  Yes  No  ☑
   Corresponding Author’s Name  Joseph Sparano
5. Manuscript Title  Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy
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**Section 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest?  Yes  No  ☑

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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**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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☐ No other relationships/conditions/circumstances that present a potential conflict of interest

Husband works for Novartis Pharmaceutical

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.

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. Toppmeyer reports personal fees from Novartis, personal fees from Merck, personal fees from SeattleGenetics, outside the submitted work; and husband works for Novartis Pharmaceutical.

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

**Pending:** The patent has been filed but not issued

**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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lynne
2. Surname (Last Name) Wagner
3. Date 19-April-2019
4. Are you the corresponding author? ❑ Yes ❑ No
   Corresponding Author’s Name Joseph Sparano
5. Manuscript Title
   Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy
6. Manuscript Identifying Number (if you know it) 19-04819

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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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**

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Dr. Wagner reports personal fees from Celgene, Inc. outside the submitted work.

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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) Whelan
3. Date 25-April-2019

4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name Joseph Sparano

5. Manuscript Title
   Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy

6. Manuscript Identifying Number (if you know it)
   19-04819

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Are there any relevant conflicts of interest?  ☑ Yes  ☑ No

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</tr>
</tbody>
</table>
   Institution received a research grant to support data collection and non-financial support for specimen testing in other studies

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. Whelan reports grants and non-financial support from Genomic Health, outside the submitted work.

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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)  
William

2. Surname (Last Name)  
Wood

3. Date  
24-April-2019

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Joseph Sparano

5. Manuscript Title  
Integrating Clinical and Genomic Risk in Breast Cancer to Guide Adjuvant Therapy

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Dr. Wood has nothing to disclose.

Evaluation and Feedback

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