

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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.

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".

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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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Other: Anything not covered under the previous three boxes

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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)
Yutaka

2. Surname (Last Name)
Yamamoto

3. Date
17-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Neoadjuvant endocrine therapy for estrogen receptor-positive primary breast cancer

6. Manuscript Identifying Number (if you know it)

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
Chugai	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GE Health Care Japan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lilly	<input type="checkbox"/>	<input checked="" 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

If yes, please fill out the appropriate information below.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Daiichi-Sankyo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Esai	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nippon Kayaku	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Taiho	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Systemex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takeda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kyowa-Kirin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

A board member of the Japanese Breast Cancer Society, A board member of the Japan Breast Cancer Research Group

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Dr. Yamamoto reports personal fees from AstraZeneca, personal fees from Pfizer, personal fees from Novartis, personal fees from Nippon Kayaku, from Kyowa-Hakko-Kirin, during the conduct of the study; personal fees from Chugai, personal fees from Esai, from Lilly, from Takeda, from Sysmex, from GE Health Care Japan, from Daiich Sankyo, outside the submitted work; and A board member of the Japanese Breast Cancer Society, A board member of the Japan Breast Cancer Research Group.

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Section 1. Identifying Information

1. Given Name (First Name)

Lisa

2. Surname (Last Name)

Goto-Yamaguchi

3. Date

18-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Yutaka Yamamoto

5. Manuscript Title

Neoadjuvant endocrine therapy for estrogen receptor-positive primary breast cancer

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Masako	2. Surname (Last Name) Takeno	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yutaka Yamamoto
5. Manuscript Title Neoadjuvant endocrine therapy for estrogen receptor-positive primary breast cancer		
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1. Given Name (First Name) Mutsuko	2. Surname (Last Name) Yamamoto-Ibusuki	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yutaka Yamamoto
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