

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".

3. Relevant financial activities outside the submitted work.

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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

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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)

Andrea

2. Surname (Last Name)

Cozzi

3. Date

18-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Breast cancer screening: in the era of personalized medicine, age is just a number

6. Manuscript Identifying Number (if you know it)

QIMS-2020-26

Section 2. The Work Under Consideration for Publication

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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

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. Cozzi has nothing to disclose.

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) Simone 2. Surname (Last Name) Schiaffino 3. Date 18-August-2020

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

5. Manuscript Title
Breast cancer screening: in the era of personalized medicine, age is just a number

6. Manuscript Identifying Number (if you know it)
QIMS-2020-

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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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bracco Imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel support
General Electric Healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member of the speakers bureau

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 5. Relationships not covered above

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Dr. Schiaffino reports non-financial support from Bracco Imaging, personal fees from General Electric Healthcare, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Paolo

2. Surname (Last Name)

Giorgi Rossi

3. Date

19-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Andrea Cozzi

5. Manuscript Title

Breast cancer screening: in the era of personalized medicine, age is just a number

6. Manuscript Identifying Number (if you know it)

QIMS-2020-26

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As PI of an independent study, funded by the Italian Ministry of Health, I conducted negotiations with Roche diagnostic, Hologic, Bechton Dickinson, to obtain reagents at reduced price or for free. I am the Italian coordinator of the MyPeBS trial and I was involved in the design of the Tailored Breast Screening Trial. I published opinions, based on both evidences and personal values, in favor of the organized screening programs instead of opportunistic screening.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Francesco 2. Surname (Last Name) Sardanelli 3. Date 18-August-2020

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

5. Manuscript Title
Breast cancer screening: in the era of personalized medicine, age is just a number

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Horizon 2020 project funding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator of the MyPEBS study
General Electric Healthcare	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board, Speakers' Bureau
Bracco Group	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board, Speakers' Bureau
Bayer Healthcare	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board, Speakers' Bureau

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Dr. Sardanelli reports grants from Horizon 2020 project funding, grants and personal fees from General Electric Healthcare, grants and personal fees from Bracco Group, grants and personal fees from Bayer Healthcare, outside the submitted work; .

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