

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.

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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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2. Surname (Last Name) Evans	3. Date 24-June-2020
✓ Yes No	
hic breast density	
w it)	
nsideration for Publication	
ut not limited to grants, data monitoring	government, commercial, private foundation, etc.) for board, study design, manuscript preparation,
	Evans Yes No ohic breast density w it) nsideration for Publication e payment or services from a third party (

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	
Prevent Breast Cancer	\checkmark					
Astrazeneca		\checkmark			Consultancy	

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

5 🖌 No

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

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Section 6. Disclosure Statement

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Dr. Evans reports grants from Prevent Breast Cancer, personal fees from Astrazeneca, during the conduct of the study; .

Evaluation and Feedback



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Section 1. Identifying Inform			
Identifying Information	ation		
1. Given Name (First Name) Elke	2. Surname (Last Name) van Veen		3. Date 24-June-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Gareth Evans	
5. Manuscript Title Commentary: Heritability of mammogra	phic breast density		
6. Manuscript Identifying Number (if you kno QIMS-2020-20	ow it)		
		-	
Section 2. The Work Under Co	nsideration for Public	ation	
Did you or your institution at any time receiv any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interes If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants, da st? 🖌 Yes 🗌 No rmation below. If you hav	ta monitoring board, stud	y design, manuscript preparation,
Name of Institution/Company	Grant•	-Financial upport? Other?	Comments
revent Breast Cancer			
Section 3. Relevant financial a	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes ir of compensation) with entities as describ clicking the "Add +" box. You should rep Are there any relevant conflicts of interest	oed in the instructions. Us ort relationships that wer	e one line for each enti	ty; add as many lines as you need by

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. van Veen reports grants from Prevent Breast Cancer, during the conduct of the study; .

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Section 1.	Identifying Inform	nation				
1. Given Name (Fin Anthony	rst Name)	2. Surname (Last Name) Howell		3. Date 24-June-2020		
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na Gareth Evans	me		
5. Manuscript Title Commentary: He	e eritability of mammogra	aphic breast density				
6. Manuscript Ider QIMS-2020-20	ntifying Number (if you kn	now it)	_			
	I					
Section 2.	The Work Under Co	onsideration for Publ	ication			
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 Ver No						
Section 3.	Relevant financial	activities outside the	submitted work.			
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Section 4.	Intolloctual Proper	rty Patents & Copyri	abte			
	intenectual Proper	ty Patents & Copyri	gins			

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Dr. Howell has nothing to disclose.

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Section 1. Identifying Inform	ation			
1. Given Name (First Name) Susan	2. Surname (Last Nam Astley	e)	3. Date 25-June-2020	
4. Are you the corresponding author?	Yes 🖌 No	Correspond Gareth Eva	ding Author's Name ans	
5. Manuscript Title Commentary: Heritability of mammogra	aphic breast density			
6. Manuscript Identifying Number (if you kn QIMS-2020-20	ow it)			
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If yes, please fill out the appropriate info Excess rows can be removed by pressing	ormation below. If you		one entity press the "ADD" button t	to add a row.
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support ?	Other? Comments	
National Institute for Health Research (NIHR) BRC Manchester			Grant Reference Number 1215-200074	

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