

# ICMJE DISCLOSURE FORM

Date: 19.12.2023

Your Name: Prof. Dr. Hans-Christian Kolberg

Manuscript Title: Long-term QoL after breast surgery – are breast conserving surgery and mastectomy comparable?

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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) |
|---|--|---|---|
| <b>Time frame: Since the initial planning of the work</b> |  |   |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None  |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
| <b>Time frame: past 36 months</b>                         |  |   |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> None   |   |
|   |  |   |   |
|   |  |   |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None  |   |
|   |  |   |   |
|   |  |   |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None  |   |
|   |  |   |   |
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events   | Pfizer, Novartis, Roche, Genomic Health/Exact Sciences, Amgen, AstraZeneca, Riemser, Carl Zeiss Meditec, TEVA, Theraclion, Janssen-Cilag, |   |

|    |   |   |  |
|----|---|---|--|
|    |   | GSK, LIV Pharma, Lilly, Daiichi Sankyo, Gilead, Zuellig   |  |
|    |   |   |  |
|    |   |   |  |
| 6  | Payment for expert testimony  | <input checked="" type="checkbox"/> None  |  |
|    |   |   |  |
|    |   |   |  |
| 7  | Support for attending meetings and/or travel  | Carl Zeiss Meditec, LIV Pharma, Novartis, Amgen, Pfizer, Daiichi Sankyo, Tesaro, Gilead, AstraZeneca, Zuellig, Stemline                               |  |
| 8  | Patents planned, issued or pending  | <input checked="" type="checkbox"/> None  |  |
|    |   |   |  |
|    |   |   |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                 | Pfizer, Novartis, SurgVision, Carl Zeiss Meditec, Amgen, Onkowsen, MSD, Gilead, Daiichi Sankyo, Seagen, Genomic Health/Exact Sciences, Agendia, Lilly |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None  |  |
|    |   |   |  |
|    |   |   |  |
| 11 | Stock or stock options  | Theraclion SA   |  |
|    |   |   |  |
|    |   |   |  |
| 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 checked="" type="checkbox"/> None  |  |
|    |   |   |  |
|    |   |   |  |

**Please summarize the above conflict of interest in the following box:**

HCK reports payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from Pfizer, Novartis, Roche, Genomic Health/Exact Sciences, Amgen, AstraZeneca, Riemser, Carl Zeiss Meditec, TEVA, Theraclion, Janssen-Cilag, GSK, LIV Pharma, Lilly, Daiichi Sankyo, Gilead, Zuellig; support for attending meetings and/or travel from Carl Zeiss Meditec, LIV Pharma, Novartis, Amgen, Pfizer, Daiichi Sankyo, Tesaro, Gilead, AstraZeneca, Zuellig, Stemline; participation on a Data Safety Monitoring Board or Advisory Board for Pfizer, Novartis, SurgVision, Carl Zeiss Meditec, Amgen, Onkowsen, MSD, Gilead, Daiichi Sankyo, Seagen, Genomic Health/Exact Sciences, Agendia, Lilly and stock from Theraclion SA.

**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.

# ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_  
 Your Name:     Rachel      
 Wuerstlein \_\_\_\_\_  
 Manuscript Title:     Long-term QoL after breast surgery – are breast conserving surgery and mastectomy comparable? Kolberg H et al      
 Manuscript number (if known): \_\_\_\_\_

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| 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 checked="" type="checkbox"/> None |  |

Please summarize the above conflict of interest in the following box:

No COI related to the manuscript

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

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

P. W. 19.12.23

PD Dr. med. Rachel Würstlein  
Brustzentrum und Onkologische Tagesklinik  
Klinik und Poliklinik für Frauenheilkunde und Geburtshilfe  
LMU Klinikum  
Standorte Großhadern und Innenstadt  
Marchioninistraße 15 • 81377 München  
Tel. +49 (0)89 4400-77581  
Fax +49 (0)89 4400-77582  
rachel.wuerstlein@med.uni-muenchen.de