

ICMJE DISCLOSURE FORM

Date: 06/26/2023

Your Name: Stephanie A. Haddad, DO

Manuscript Title: Sequencing Systemic Therapy in Hormone-Receptor Positive Metastatic Breast Cancer: A Modern Paradigm

Manuscript number (if known): CCO-23-22

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)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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

N/A

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.

ICMJE DISCLOSURE FORM

Date: July 18, 2023
 Your Name: Don S. Dizon
 Manuscript Title: Sequencing Systemic Therapy in Hormone-Receptor Positive Metastatic Breast Cancer: A Modern Paradigm
 Manuscript number (if known): CCO-23-22-R1

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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.

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	___ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	Astra-Zeneca	Data Safety Monitoring Committee for endometrial (DUO-E) and ovarian (DUO-O) clinical trials
		GSK	Data Safety Monitoring Committee for endometrial

			cancer (RUBY)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Kronos Biotech	Honoraria
6	Payment for expert testimony		
7	Support for attending meetings and/or travel		
8	Patents planned, issued or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	See #4	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Global Cancer Institute Hope Foundation	Co-CMO (Paid) Not paid
11	Stock or stock options	Midi Doximity	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
13	Other financial or non-financial interests		

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

Prof. Dizon received consulting fees from Data Safety Monitoring Boards for Astra-Zeneca and GSK, and speaker fees from Kronos Biotech. He owns stock options in Doximity and MIDI, and is the Co-Chief Medical Officer of Global Cancer Institute and a member of Hope Foundation.

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.

A handwritten signature in black ink, appearing to read "Tom Smith". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

ICMJE DISCLOSURE FORM

Date: July 11, 2023

Your Name: Stephanie L. Graff

Manuscript Title: Sequencing Systemic Therapy in Hormone-Receptor Positive Metastatic Breast Cancer: A Modern Paradigm

Manuscript number (if known): CCO-23-22-R1

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.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	Pfizer, Daiichi Sankyo, Eli Lilly, AstraZeneca, Genentech, SeaGen,	All paid to me; all ended. Advisory Boards.

		Novartis, Menarini	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca/DaiichiSankyo	Writing Support
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Paxman	Travel Support
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Dr. Susan Love Foundation for Breast Cancer Research	Medical Advisor (paid)
11	Stock or stock options	HCA Healthcare	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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

Consulting or advisory role: Pfizer, Daiichi Sankyo, Eli Lilly, AstraZeneca, Genentech, SeaGen, Novartis, Menarini; Stock Ownership: HCA Healthcare; and Writing Support: AstraZeneca/Daiichi Sankyo; Travel Support: Paxman; Non-Profit Leadership Position (Paid): Medical Advisor, Dr. Susan Love Foundation for Breast Cancer Research.

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.

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.