ICM IF DISCLOSURE FORM

ICMJE DISCLOSURE FORIVI
Date: Sep 29, 2022 Your Name: Ana-Alicia Beltran-Bless
Manuscript Title: Race, Ethnicity, and Clinical Outcomes in Hormone Receptor-Positive, HER2-Negative, Node Negative Breast Cancer in the Randomized TAILORx Trial: Gaps in biologic and social determinants of health
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 <u>current</u> <u>manuscript only</u> .
The author's relationships/activities/interests should be <u>defined broadly</u> . 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.

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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.	xNone	
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3	Royalties or licenses	x None	
4	Consulting fees	x None	

5	Payment or honoraria for	x None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events	N.		
6	Payment for expert testimony	x None		
7	Support for attending	x None		
,	meetings and/or travel			
	meetings and, or travel			
8	Patents planned, issued or	x None		
	pending			
9	Participation on a Data	xNone		
	Safety Monitoring Board or			
10	Advisory Board Leadership or fiduciary role	x None		
10	in other board, society,	x None		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	x None		
12	Receipt of equipment,	x None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	x None		
13	Other financial or non- financial interests	^_ NOTIC		
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Ple	Please summarize the above conflict of interest in the following box:			
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ı	None.			

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.

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Date	e: <u>Sep 29, 2022</u>			
You	r Name: Terry L Ng			
Mar	nuscript Title: Race, Ethni	city, and Clinical Outco	mes in Hormone Receptor-Positive, HER2-Negativ	ve.
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Mar	nuscript number (if known):			
In th	ne interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are	
rela	ted to the content of your m	nanuscript. "Related" mea	ns any relation with for-profit or not-for-profit third	
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			If you are in doubt about whether to list a	
rela	tionship/activity/interest, it	is preferable that you do	so.	
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
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med	lication, even if that medica	tion is not mentioned in t	he manuscript.	
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in item #1 above).
Royalties or licenses

Consulting fees

_x__ None

_x__ None

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5	Payment or honoraria for	xNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
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7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or	x None	
	pending		
0	Double in the control of the	Name	
9	Participation on a Data Safety Monitoring Board or	x None	
	Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment,	x None	
12	materials, drugs, medical	xNone	
	writing, gifts or other		
	services		
13	Other financial or non-	x None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the foll	owing box:
	None.		
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