

ICMJE DISCLOSURE FORM

Date: 2024/06/15
 Your Name: Malika Peera
 Manuscript Title: Hair Loss: Alopecia Fears and Realities for Survivors of Breast Cancer – A Narrative Review
 Manuscript number (if known): APM-24-69

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>__X__</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	

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

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

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: 2024/06/15
 Your Name: Lucy Rose
 Manuscript Title: Hair Loss: Alopecia Fears and Realities for Survivors of Breast Cancer – A Narrative Review
 Manuscript number (if known): APM-24-69

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ICMJE DISCLOSURE FORM

Date: 2024/06/15
 Your Name: Lily Kaufman
 Manuscript Title: Hair Loss: Alopecia Fears and Realities for Survivors of Breast Cancer – A Narrative Review
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6	Payment for expert testimony	__X__ None	
7	Support for attending meetings and/or travel	__X__ None	
8	Patents planned, issued or pending	__X__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__ None	
11	Stock or stock options	__X__ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__ None	
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ICMJE DISCLOSURE FORM

Date: 2024/06/15
 Your Name: Elwyn Zhang
 Manuscript Title: Hair Loss: Alopecia Fears and Realities for Survivors of Breast Cancer – A Narrative Review
 Manuscript number (if known): APM-24-69

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

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ICMJE DISCLOSURE FORM

Date: 2024/06/15
 Your Name: Muna Al-Khaifi
 Manuscript Title: Hair Loss: Alopecia Fears and Realities for Survivors of Breast Cancer – A Narrative Review
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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Date: 2024/06/15
 Your Name: Brittany Dulmage
 Manuscript Title: Hair Loss: Alopecia Fears and Realities for Survivors of Breast Cancer – A Narrative Review
 Manuscript number (if known): APM-24-69

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Time frame: past 36 months			
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3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>_____</u> None	Novocure

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

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

Dr. Dulmage is a consultant for Novocure and serves on the Data Safety and Management Board of Hoth Therapeutics.

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