

## ICMJE DISCLOSURE FORM

**Date:** July 30, 2024

**Your Name:** Samantha Kennedy

**Manuscript Title:** Sexual health after breast cancer: A clinical practice review

**Manuscript number (if known):** APM-24-77

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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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.) <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 checked="" 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	___ 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	

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

No conflicts to disclose.

**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: 30/07/2024

Your Name: Selena Mekhaeil

Manuscript Title: Sexual health after breast cancer: A clinical practice review

Manuscript number (if known): APM-24-77

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4	Consulting fees	<u>  X  </u> None	
5		<u>  X  </u> None	

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## ICMJE DISCLOSURE FORM

Date: Jul 30, 2024

Your Name: Elwyn Zhang

Manuscript Title: "Sexual health after breast cancer: A clinical practice review"

Manuscript number (if known): \_\_\_\_\_

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13	Other financial or non-financial interests	___ <b>X</b> ___ None	

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**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 8, 2024 \_\_\_\_\_  
**Your Name:** Niusha Aghadavoudi Jolfaei \_\_\_\_\_  
**Manuscript Title:** Sexual health after breast cancer: A clinical practice review \_\_\_\_\_  
**Manuscript number (if known):** APM-24-77 \_\_\_\_\_

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.

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form.

NA

## ICMJE DISCLOSURE FORM

Date: July 9, 2024

Your Name: Henry C. Y. Wong

Manuscript title: Sexual health after breast cancer: A clinical practice review

Manuscript ID: APM-24-77

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5		<input checked="" type="checkbox"/> None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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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.

# ICMJE DISCLOSURE FORM

Date: 09/07/24-----  
 Your Name: Adrian Wai Chan  
 Manuscript Title: Sexual health after breast cancer: A clinical practice review  
 Manuscript number (if known): APM-24-77

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# ICMJE DISCLOSURE FORM

Date: 9-7-2024  
 Your Name: Shing Fung Lee  
 Manuscript Title: Sexual health after breast cancer: A clinical practice review  
 Manuscript number (if known): APM-24-77

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# ICMJE DISCLOSURE FORM

Date: 09/07/24-----  
 Your Name: Darren Haywood  
 Manuscript Title: Sexual health after breast cancer: A clinical practice review  
 Manuscript number (if known): APM-24-77

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# ICMJE DISCLOSURE FORM

Date: 09/07/24-----  
 Your Name: Deborah Kirk  
 Manuscript Title: Sexual health after breast cancer: A clinical practice review  
 Manuscript number (if known): APM-24-77

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# ICMJE DISCLOSURE FORM

Date: 8/7/2024  
 Your Name: Aalaa Mahmoud Hassan Abdou  
 Manuscript Title: Sexual health after breast cancer: A clinical practice review  
 Manuscript number (if known): APM-24-77

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13	Other financial or non-financial interests	__X__ None	

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

I have no conflict of interest

**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: 7/30/2024

Your Name: Ragisha Gopalakrishnan

Manuscript Title: Sexual health after breast cancer: A clinical practice review

Manuscript number (if known): APM-24-77

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.) <b>No time limit for this item.</b>	<u>__x__</u> None	
<b>Time frame: past 36 months</b>			
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"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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	<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:**

**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: 08/07/2024

Your Name: Helena Guedes

Manuscript Title: Sexual health after breast cancer: A clinical practice review

Manuscript number (if known): APM-24-77

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.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> X None	
3	Royalties or licenses	<input checked="" type="checkbox"/> X None	
4	Consulting fees	<input checked="" type="checkbox"/> X 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:**

I have no conflict of interests related to the current 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.

## ICMJE DISCLOSURE FORM

**Date:** Jul 8 2024

**Your Name:** Chia Jie Tan

**Manuscript Title:** Sexual health after breast cancer

**Manuscript number (if known):** APM-24-77

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.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" 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	<u>X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or pending	<u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>X</u> None	
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non-financial interests	<u>X</u> None	

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

I declare no conflicts of interest with regards to this 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.

# ICMJE DISCLOSURE FORM

Date: 09/07/24-----

Your Name: Carla Thamm

Manuscript Title: Sexual health after breast cancer: A clinical practice review

Manuscript number (if known): APM-24-77

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.

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<b>Time frame: past 36 months</b>			
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 type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> X <input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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**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 30, 2024

**Your Name:** Muna Al-Khaifi

**Manuscript Title:** Sexual health after breast cancer: A clinical practice review

**Manuscript number (if known):** APM-24-77

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.

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

No conflicts to disclose.

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

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