

ICMJE DISCLOSURE FORM

Date: August 20, 2024

Your Name: Malika Peera

Manuscript Title: Breast Cancer Survivorship Care: A Narrative Review of Challenges and Future Directions

Manuscript number (if known): APM 24-78

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

Not applicable

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: August 20, 2024

Your Name: Samantha K. F. Kennedy

Manuscript Title: Breast Cancer Survivorship Care: A Narrative Review of Challenges and Future Directions

Manuscript number (if known): APM 24-78

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ICMJE DISCLOSURE FORM

Date: August 20, 2024

Your Name: Jashmira K. Bhinder

Manuscript Title: Breast Cancer Survivorship Care: A Narrative Review of Challenges and Future Directions

Manuscript number (if known): APM 24-78

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ICMJE DISCLOSURE FORM

Date: August 20, 2024

Your Name: John J. Wu

Manuscript Title: Breast Cancer Survivorship Care: A Narrative Review of Challenges and Future Directions

Manuscript number (if known): APM 24-78

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ICMJE DISCLOSURE FORM

Date: August 20, 2024

Your Name: Kritika Sharma

Manuscript Title: Breast Cancer Survivorship Care: A Narrative Review of Challenges and Future Directions

Manuscript number (if known): APM 24-78

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ICMJE DISCLOSURE FORM

Date: August 20, 2024

Your Name: Henry C. Y. Wong

Manuscript Title: Breast Cancer Survivorship Care: A Narrative Review of Challenges and Future Directions

Manuscript number (if known): APM 24-78

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Served as an unpaid Guest Editor of the series “Supportive Care After Breast Cancer: Challenges and Opportunities”.

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: August 20, 2024

Your Name: Elwyn Zhang

Manuscript Title: Breast Cancer Survivorship Care: A Narrative Review of Challenges and Future Directions

Manuscript number (if known): APM 24-78

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ICMJE DISCLOSURE FORM

Date: August 20, 2024

Your Name: Adrian W. Chan

Manuscript Title: Breast Cancer Survivorship Care: A Narrative Review of Challenges and Future Directions

Manuscript number (if known): APM 24-78

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Not applicable

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ICMJE DISCLOSURE FORM

Date: August 20, 2024

Your Name: Shing Fung Lee

Manuscript Title: Breast Cancer Survivorship Care: A Narrative Review of Challenges and Future Directions

Manuscript number (if known): APM 24-78

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

Serves as the unpaid co-chair for the Palliative Radiotherapy Subcommittee of Annals of Palliative Medicine from October 2023 to September 2025.

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

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ICMJE DISCLOSURE FORM

Date: August 20, 2024

Your Name: Darren Haywood

Manuscript Title: Breast Cancer Survivorship Care: A Narrative Review of Challenges and Future Directions

Manuscript number (if known): APM 24-78

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ICMJE DISCLOSURE FORM

Date: August 20, 2024

Your Name: Deborah Kirk

Manuscript Title: Breast Cancer Survivorship Care: A Narrative Review of Challenges and Future Directions

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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:

Not applicable

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: August 20, 2024

Your Name: Helena Guedes

Manuscript Title: Breast Cancer Survivorship Care: A Narrative Review of Challenges and Future Directions

Manuscript number (if known): APM 24-78

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
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	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: August 20, 2024

Your Name: Carla Thamm

Manuscript Title: Breast Cancer Survivorship Care: A Narrative Review of Challenges and Future Directions

Manuscript number (if known): APM 24-78

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ICMJE DISCLOSURE FORM

Date: August 20, 2024

Your Name: Jennifer Y. Y. Kwan

Manuscript Title: Breast Cancer Survivorship Care: A Narrative Review of Challenges and Future Directions

Manuscript number (if known): APM 24-78

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ICMJE DISCLOSURE FORM

Date: August 20, 2024

Your Name: Muna Alkhaifi

Manuscript Title: Breast Cancer Survivorship Care: A Narrative Review of Challenges and Future Directions

Manuscript number (if known): APM 24-78

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