

ICMJE DISCLOSURE FORM

Date: 6 Sep 2024

Your Name: Shirley SW Tse

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

Manuscript number (if known): APM-24-93

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

There is 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.

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Date: 6 Sep 2024

Your Name: Cindy Wong

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

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Date: 6 Sep 2024

Your Name: Kaori Tane

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

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ICMJE DISCLOSURE FORM

Date: 16-Sep-2024
 Your Name: Yuichiro Kikawa
 Manuscript Title: Title: "Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?"
 Manuscript number (if known): APM-24-93

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
		Eisai	Personal
		Daiichi Sankyo	Personal
		Lilly	Personal
		Chugai	Personal
		Astra Zeneca	Personal
		Pfizer	Personal
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	
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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:

Yuichiro Kikawa received honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events by Eisai, Daiichi Sankyo, Lilly, Chugai, Astra Zeneca, Pfizer.

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

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ICMJE DISCLOSURE FORM

Date: 6 Sep 2024

Your Name: Bolette Skiødt Rafn

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

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Date: 6 Sep 2024

Your Name: Adrian W Chan

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

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ICMJE DISCLOSURE FORM

Date: 16-Sep-2024
 Your Name: Shing Fung Lee
 Manuscript Title: Title: "Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?"
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Date: 6 Sep 2024

Your Name: Jennifer YY Kwan

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

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Date: 6 Sep 2024

Your Name: Muna AlKhaifi

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Date: 6 Sep 2024

Your Name: Robin Sheung

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ICMJE DISCLOSURE FORM

Date: 6 Sep 2024

Your Name: Cadia Kwong

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

Manuscript number (if known): APM-24-93

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ICMJE DISCLOSURE FORM

Date: 6 Sep 2024

Your Name: Alex Tse

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

Manuscript number (if known): APM-24-93

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ICMJE DISCLOSURE FORM

Date: 6 Sep 2024

Your Name: Katy Sham

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

Manuscript number (if known): APM-24-93

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ICMJE DISCLOSURE FORM

Date: 6 Sep 2024

Your Name: Jack Ling

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

Manuscript number (if known): APM-24-93

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ICMJE DISCLOSURE FORM

Date: 6 Sep 2024

Your Name: Yuet Ming Liu

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

Manuscript number (if known): APM-24-93

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ICMJE DISCLOSURE FORM

Date: 6 Sep 2024

Your Name: Candy Leung

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

Manuscript number (if known): APM-24-93

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ICMJE DISCLOSURE FORM

Date: 6 Sep 2024

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ICMJE DISCLOSURE FORM

Date: 6 Sep 2024

Your Name: Sally Tsang

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

Manuscript number (if known): APM-24-93

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ICMJE DISCLOSURE FORM

Date: 6 Sep 2024

Your Name: June Wong

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

Manuscript number (if known): APM-24-93

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ICMJE DISCLOSURE FORM

Date: 6 Sep 2024

Your Name: Wai Yung Choy

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

Manuscript number (if known): APM-24-93

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Date: 19 Sep 2024

Your Name: Yin Ping Choy

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

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ICMJE DISCLOSURE FORM

Date: 6 Sep 2024

Your Name: Jessica Lai

Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm lymphedema - What are the barriers?

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Date: 6 Sep 2024

Your Name: Tracy Shum

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Date: 6 Sep 2024

Your Name: Edward Chow

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Date: 6 Sep 2024

Your Name: Henry Wong

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