Date:	_6 Sep 2024	
Your Nam	e:Shirley SW Tse	
Manuscrip	t Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related ar	m
lymphede	ma - What are the barriers?	
Manuscrip	t 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.

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		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	l v N		
11	Stock or stock options	XNone		
12	Descipt of anytigment	V. Nana		
12	Receipt of equipment, materials, drugs, medical	XNone		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
7	There is no conflict of interest.			

Date:	6 Sep 2024	
Your Nan	ne:Cindy Wong_	
Manuscr	ipt Title: Prospective	surveillance and early intervention to prevent chronic breast cancer-related arm
lymphed	ema - What are the barr	ers?
Manuscr	ipt number (if known):	APM-24-93

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events	V 1			
6	Payment for expert testimony	XNone			
	testimony				
7	Support for attending	XNone			
′	meetings and/or travel	XNone			
	0.000				
8	Patents planned, issued or pending	XNone			
	Pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or	XNone			
	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	XNone			
12	Receipt of equipment,	V. Name			
12	materials, drugs, medical	XNone			
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	se summarize the above co	nflict of interest in the follo	owing box:		
	_				
т	There is no conflict of interest.				

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 barri	ers?
Manuscript number (if known):	APM-24-93

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
0	Dantinia atiana ana Data		
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Descipt of equipment	V. Nama	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	onflict of interest in the follo	owing box:
Т	here is no conflict of interest.		

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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		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).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	_X None	

5	Payment or honoraria for	None	
	lectures, presentations,	Eisai	Personal
	speakers bureaus,	Daiichi Sankyo	Personal
	manuscript writing or	Lilliy	Personal
	educational events	Chugai	Personal
		Astra Zeneca	Personal
		Pfizer	Personal
6	Payment for expert	_X None	
	testimony		
7	Support for attending meetings and/or travel	_X_ None	
8	Patents planned, issued or	_X None	
	pending		
9	Participation on a Data	_X None	
	Safety Monitoring Board or		
	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	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X None	
	financial interests		

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, Lilliy, Chugai, Astra Zeneca, Pfizer.

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

	19.002 2.002000
Date:6 Sep 2024	
Your Name: Bold	ette Skiødt Rafn
Manuscript Title: Pro	spective surveillance and early intervention to prevent chronic breast cancer-related arm
lymphedema - What are	the barriers?
Manuscript number (if k	nown): APM-24-93
related to the content of parties whose interests r to transparency and doe	rency, we ask you to disclose all relationships/activities/interests listed below that are your manuscript. "Related" means any relation with for-profit or not-for-profit third may be affected by the content of the manuscript. Disclosure represents a commitment is not necessarily indicate a bias. If you are in doubt about whether to list a preferable that you do so.
The following questions manuscript only.	apply to the author's relationships/activities/interests as they relate to the current

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_ XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
_			
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	V. Nama	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_ XNone	
	_		
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	onflict of interest in the foll	owing box:
T	here is no conflict of interest.		

Date:6	Sep 2024
Your Name:_	Adrian W Chan
Manuscript T	itle: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm
lymphedema	- What are the barriers?
Manuscript n	umber (if known): APM-24-93

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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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or 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	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
	nse summarize the above co	onflict of interest in the foll	owing box:

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

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1	All support for the present		planning of the work
1	All support for the present manuscript (e.g., funding,	_X None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	30 months
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X None	
4	Consulting force	V. None	
4	Consulting fees	_X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
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	
Plea	se summarize the above co	iflict of interest in the following box:	
	there is no conflict of interest.		

Date:	
Your Name: Jo	ennifer YY Kwan
Manuscript Title: F	rospective surveillance and early intervention to prevent chronic breast cancer-related arm
lymphedema - What a	re the barriers?
Manuscript number (i	known):APM-24-93

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
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7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
	Detects alonged issued as	V N	
8	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or	XNone	
	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	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	XNone	
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the follo	owing box:
T	here is no conflict of interest.		

Date:6 Sep 2024
Your Name: Muna AlKhaifi
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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manuscript only.

		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)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5 Payment	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	XNone		
	meetings and/or travel			
8	Patents planned, issued or	XNone		
	pending			
_	Doubleinstien en e Dete	V N		
9	Participation on a Data Safety Monitoring Board or	XNone		
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			
- 4 4	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non- financial interests	XNone		
	illidiicidi iliterests			
	Please summarize the above conflict of interest in the following box:			
tn	there is no conflict of interest.			

Date:6 Sep	2024
Your Name:	Robin Sheung
Manuscript Title:	Prospective surveillance and early intervention to prevent chronic breast cancer-related arm
lymphedema - W	nat are the barriers?
Manuscript numb	er (if known): APM-24-93
	transparency, we ask you to disclose all relationships/activities/interests listed below that are tent of your manuscript. "Related" means any relation with for-profit or not-for-profit third

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_ XNone	
3	Royalties or licenses	_ XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
_	6	V 1		
7	Support for attending meetings and/or travel	XNone		
	ζ ,			
	B	V N		
8	Patents planned, issued or	XNone		
	pending			
0	5	V N		
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X None		
10	in other board, society,	XNone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X None		
	•			
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			

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:

Date:	24
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
Manuscript Title: lymphedema - What	Prospective surveillance and early intervention to prevent chronic breast cancer-related arm are the barriers?

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Cuppert for attending	V. Nana	
/	Support for attending meetings and/or travel	XNone	
	meetings una/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	XNONE	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ples	ase summarize the above co	inflict of interest in the follo	nwing hox:
. 100	ase summarize the above to		owing son.
Т	here is no conflict of interest.		

Date:6 Sep 2024	<u></u>
Your Name: Alex Tse	
Manuscript Title: Prospec	tive surveillance and early intervention to prevent chronic breast cancer-related arm
lymphedema - What are the ${f k}$	parriers?
Manuscript number (if knowr	n): APM-24-93

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		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	nse summarize the above co	nflict of interest in the follo	owing box:

Date:	6 Sep 2024
Your Nam	Katy Sham
Manuscrip	Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm
lymphede	a - What are the barriers?
Manuscrip	number (if known): APM-24-93
In the inte	est of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
0	Dantinia atiana ana Data		
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Descipt of equipment	V. Nama	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	onflict of interest in the follo	owing box:
Т	here is no conflict of interest.		

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rriers?
APM-24-93

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
	-		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	, ,	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V N	
11	Stock or stock options	XNone	
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		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
T	here is no conflict of interest.		

Date:	6 Sep 2024
Your Nan	ne:Yuet Ming Liu
Manuscr	ipt Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm
lymphed	ema - What are the barriers?
Manuscr	ipt number (if known): APM-24-93
related to	erest of transparency, we ask you to disclose all relationships/activities/interests listed below that are the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third whose interests may be affected by the content of the manuscript. Disclosure represents a commitment

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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:

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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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
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7	Support for attending	XNone	
	meetings and/or travel		
	Detects alonged issued as	V 1	
8	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	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	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	XNone	
Plea	se summarize the above co	nflict of interest in the follo	owing box:
T	here is no conflict of interest.		

Date:6 S	ep 2024
Your Name:	Fion Chan
Manuscript Tit	e: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm
lymphedema -	What are the barriers?
Manuscript nu	mber (if known): APM-24-93

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
lectures, presentations,			
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
	g ,		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	V N	
13	financial interests	XNone	
	illianciai interests		
Plea	ase summarize the above co	nflict of interest in the follo	owing box:
_			
Т	There is no conflict of interest.		

Date:	_6 Sep 2024	
Your Name	e: Sally Ts	ang
Manuscrip	t Title: Prospe	ctive surveillance and early intervention to prevent chronic breast cancer-related arm
lymphede	ma - What are the	barriers?
Manuscrip	t number (if knov	rn): APM-24-93

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
٥	pending	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
-0	in other board, society,	X	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	•		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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:

Date:	_6 Sep 2024
Your Name	e: June Wong
Manuscrip	t Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm
lympheder	ma - What are the barriers?
Manuscrip	t number (if known): APM-24-93

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V N	
11	Stock or stock options	XNone	
12	Receipt of equipment,	V Name	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the follo	owing box:
_			
Т Т	here is no conflict of interest.		

Date	e:6 Sep 2024	_				
	our Name: Wai Yung Choy					
Mar	Manuscript Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm					
	phedema - What are the bar					
Mar	nuscript number (if known):	APM-24-93	_			
relate to trelate	ted to the content of your managed ites whose interests may be ransparency and does not not too ship/activity/interest, it	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I is preferable that you do s	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so. s/activities/interests as they relate to the current			
to th	•	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.			
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,			
		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate	institution)			
		none (add rows as				
		needed)				
		Time frame: Since the initial	planning of the work			
1	All support for the present	_ X _None				
	manuscript (e.g., funding,					
	provision of study materials,					
	medical writing, article processing charges, etc.)					
	No time limit for this item.					
	No time mine for this item.					
		Time frame: past	26 months			
2	Grants or contracts from	X None	30 months			
-	any entity (if not indicated	^NUILE				
	in item #1 above).					
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		
6	Payment for expert	X None	
	testimony	XNone	
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10		V Name	
10	Leadership or fiduciary role 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	
	financial interests	XNone	
Plea	ase summarize the above co	nflict of interest in the fo	lowing box:
1	here is no conflict of interest.		

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?
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 hias. If you are in doubt about whether to list a

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relationship/activity/interest, it is preferable that you do so.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

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:

Date:	6 Sep 2024	
Your Nam	Jessica Lai	
Manuscrip	Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related	d arm
lymphede	a - What are the barriers?	
Manuscrip	number (if known): APM-24-93	

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		_
	testimony			_
				_
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
				_
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society, committee or advocacy			_
	group, paid or unpaid			
11	Stock or stock options	X None		
	·			
				Т
12	Receipt of equipment,	X None		_
	materials, drugs, medical			_
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
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Plea	ase summarize the above co	nflict of interest in the follo	owing box:	
Γ-	handan and the first of			
	here is no conflict of interest.			

Date:	6 Sep 2024					
Your Name:	Tracy S	hum				
Manuscript 1	Title: Prospe	ective surveillar	nce and early int	ervention to preve	ent chronic breast	cancer-related arm
lymphedema	a - What are the	barriers?				
Manuscript ı	number (if knov	vn): APM	l-24-93 <u> </u>			

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Dlag		uflick of intercet in the - fell	suring have

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:

Date:6	5 Sep 2024
Your Name:_	Edward Chow
Manuscript T	Fitle: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm
lymphedema	a - What are the barriers?
Manuscript n	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.

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		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
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
_	Dankinin aking ang Daka	V N			
9	Participation on a Data Safety Monitoring Board or	XNone			
	Advisory Board				
10	Leadership or fiduciary role	X None			
10	in other board, society,	^None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Plea	ase summarize the above co	onflict of interest in the following	owing box:		
Т	There is no conflict of interest.				

Date:	_6 Sep 2024
Your Name	e: Henry Wong
Manuscrip	t Title: Prospective surveillance and early intervention to prevent chronic breast cancer-related arm
lympheder	ma - What are the barriers?
Manuscrip	t number (if known): APM-24-93
In the inte	rest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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	testimony				
7	Support for attending	V None			
7	Support for attending meetings and/or travel	XNone			
	meetings and/or traver				
0	Datasta planned issued or	V None			
8	Patents planned, issued or pending	XNone			
	Pending				
9	Participation on a Data	X None			
9	Safety Monitoring Board or	XNone			
	Advisory Board				
10	Leadership or fiduciary role	X None			
10	in other board, society,	XNOTIE			
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11	Stock or stock options	XNone			
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	materials, drugs, medical				
	writing, gifts or other				
12	services	V N			
13	Other financial or non- financial interests	XNone			
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Plea	Please summarize the above conflict of interest in the following box:				
	there is no conflict of interest.				
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