| Date: 12-Aug-2021 | |
|---|--------------------|
| Your Name: Ronald Chow | |
| Manuscript Title: Weight Changes of Younger and Older Early Breast Cancer Patients – A M Manuscript number (if known): APM-21-1650 | eta Regression |
| In the interest of transparency, we ask you to disclose all relationships/activities/interests lis | ted below that are |
| related to the content of your manuscript. "Related" means any relation with for-profit or no parties whose interests may be affected by the content of the manuscript. Disclosure represe | • |

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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 author's relationships/activities/interests should be <u>defined broadly</u>. 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, | x None | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 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 | x None | |
| | Advisory Board | | |
| | | | |
| 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, materials, drugs, medical | x None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | x None | |
| | | | |
| | | | |

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| | e:12-Aug-2021 | | |
|-----------------------|---|---|---|
| | r Name:Charles B. Sim | | |
| | nuscript Title: Weight Cha nuscript number (if known): | | r Early Breast Cancer Patients – A Meta Regression |
| rela part to ti | ted to the content of your n ies whose interests may be | nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. |
| | following questions apply to nuscript only. | o the author's relationship | os/activities/interests as they relate to the <u>current</u> |
| to th med In it | he epidemiology of hyperter lication, even if that medica | nsion, you should declare a tion is not mentioned in the port for the work reported | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. I in this manuscript without time limit. For all other items |
| | | Name all entities with | Specifications/Comments |
| | | whom you have this relationship or indicate none (add rows as needed) | (e.g., if payments were made to you or to your institution) |
| | | Time frame: Since the initia | l 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 | t 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None | |
| 3 | Royalties or licenses | X None | |
| | | | |

Consulting fees

__X__ None

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | X None | |
|------|---|--------------------------------|---|
| | manuscript writing or educational events | | |
| 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 | None | Annals of Palliative Medicine – Editor-in-Chief |
| 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 | nflict of interest in the foll | owing box: |
| | r Charles B. Simone, II, is the Ed | | |

__ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| Dat | e:12-Aug-2021 | | |
|-------|--|-------------------------------------|---|
| Υοι | ır Name: Vicky Ro | | |
| | | _ | er Early Breast Cancer Patients – A Meta Regression |
| Ma | nuscript number (if known): | APM-21-1650 | - |
| | | | |
| In t | he interest of transparency. | we ask you to disclose all | relationships/activities/interests listed below that are |
| | | _ | ans any relation with for-profit or not-for-profit third |
| | | | of the manuscript. Disclosure represents a commitment |
| - | - | • | If you are in doubt about whether to list a |
| | itionship/activity/interest, it | - | • |
| | | | |
| | | o the author's relationshi | ps/activities/interests as they relate to the <u>current</u> |
| ma | nuscript only. | | |
| | | / | |
| | • | | defined broadly. For example, if your manuscript pertains |
| | | • | all relationships with manufacturers of antihypertensive |
| me | dication, even if that medica | ition is not mentioned in i | the manuscript. |
| In it | tom #1 holow report all sun | nort for the work reporte | d in this manuscript without time limit. For all other items, |
| | time frame for disclosure is | • | a in this manuscript without time innit. Tor an other items, |
| uie | time mame for disclosure is | the past 50 months. | |
| | | | |
| | | 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 initi | al planning of the work |
| 1 | All support for the present | x None | premission the none |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | | |
| _ | | Time frame: pas | st 36 months |
| 2 | Grants or contracts from | Time frame: pas | st 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | st 36 months |

Royalties or licenses

__x__ None

| 4 | Consulting fees | x None | |
|----|---|---------|--|
| | | | |
| | | | |
| | Payment or honoraria for lectures, presentations, | x_ None | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| | Payment for expert testimony | _x None | |
| | | | |
| | | | |
| | Support for attending meetings and/or travel | x_ None | |
| | _ | | |
| | | | |
| | Patents planned, issued or pending | x None | |
| | - | | |
| | | | |
| | Participation on a Data Safety Monitoring Board or | x None | |
| | Advisory Board | | |
| | | | |
| | Leadership or fiduciary role in other board, society, | x None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _x None | |
| | | | |
| | | | |
| | Receipt of equipment, materials, drugs, medical | x None | |
| | writing, gifts or other | | |
| | services | | |
| | Other financial or non- financial interests | x None | |
| | | | |
| | | | |

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| Date | e:12-Aug-2021 | | |
|-----------------------|---|--|--|
| You | r Name: Leonard Chiu | | |
| | nuscript Title: Weight Cha nuscript number (if known): | | r Early Breast Cancer Patients – A Meta Regression |
| rela part to ti | ted to the content of your nies whose interests may be | nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. | relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. |
| | following questions apply to uscript only. | o the author's relationshi | os/activities/interests as they relate to the <u>current</u> |
| to t | | nsion, you should declare | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. |
| | em #1 below, report all sup time frame for disclosure is | • | d in this manuscript without time limit. For all other items, |
| | | 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 initia | al planning of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | x None | |
| | No time limit for this item. | | |
| | | Time frame: pas | t 36 months |
| 2 | Grants or contracts from any entity (if not indicated | x None | |

in item #1 above).

Royalties or licenses

__x__ None

| 4 | Consulting fees | x None | |
|----|---|---------|--|
| | | | |
| | | | |
| | Payment or honoraria for lectures, presentations, | x_ None | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| | Payment for expert testimony | _x None | |
| | | | |
| | | | |
| | Support for attending meetings and/or travel | x_ None | |
| | _ | | |
| | | | |
| | Patents planned, issued or pending | x None | |
| | - | | |
| | | | |
| | Participation on a Data Safety Monitoring Board or | x None | |
| | Advisory Board | | |
| | | | |
| | Leadership or fiduciary role in other board, society, | x None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _x None | |
| | | | |
| | | | |
| | Receipt of equipment, materials, drugs, medical | x None | |
| | writing, gifts or other | | |
| | services | | |
| | Other financial or non- financial interests | x None | |
| | | | |
| | | | |

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| | e:12-Aug-2021 | | |
|-----------------------|---|--|--|
| | r Name:Michael Lock_ | | |
| | nuscript Title: Weight Cha nuscript number (if known): | | r Early Breast Cancer Patients – A Meta Regression |
| rela part to t | ted to the content of your nices whose interests may be | nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. | relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. |
| | following questions apply t | o the author's relationship | os/activities/interests as they relate to the current |
| to ti med In it | he epidemiology of hyperte dication, even if that medica | nsion, you should declare ation is not mentioned in to port for the work reported | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other item |
| | | · | |
| | | 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 initia | al 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. | None | |
| | | | |
| | | Time frame: pas | t 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| | | | |

Ferring

Consulting fees

| 5 | Payment or honoraria for lectures, presentations, | None | | |
|------|---|------|--|--|
| | speakers bureaus, | | | |
| | manuscript writing or educational events | | | |
| 6 | Payment for expert testimony | None | | |
| | | | | |
| _ | | | | |
| 7 | Support for attending meetings and/or travel | None | | |
| | | | | |
| | | | | |
| 8 | Patents planned, issued or pending | None | | |
| | | | | |
| 0 | Doubleinstien en e Dete | None | | |
| 9 | Participation on a Data Safety Monitoring Board or | None | | |
| | Advisory Board | | | |
| | | | | |
| 10 | Leadership or fiduciary role in other board, society, | None | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | None | | |
| | | | | |
| 12 | Descipt of any | Nege | | |
| 12 | Receipt of equipment, materials, drugs, medical | None | | |
| | writing, gifts or other | | | |
| 42 | services | News | | |
| 13 | Other financial or non- financial interests | None | | |
| | | | | |
| | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | |
| N | Michael Lock received consulting fees from Ferring. | | | |
| | | | | |

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.