

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name)
Chin Yang

2. Surname (Last Name)
Song

3. Date
29-November-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
The role of radiogenomics in breast radiotherapy

6. Manuscript Identifying Number (if you know it)
ABS-19-91

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Dr. Song has nothing to disclose

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1. Given Name (First Name) Chin Vern	2. Surname (Last Name) Song	3. Date 29-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cheng Har Yip
5. Manuscript Title The role of radiogenomics in breast radiotherapy		
6. Manuscript Identifying Number (if you know it) ABS-19-91		

Section 2. The Work Under Consideration for Publication

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Gwo Fuang

2. Surname (Last Name)
Ho

3. Date
29-November-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Cheng-Har Yip

5. Manuscript Title
The role of radiogenomics in breast radiotherapy" in Annals of Breast Surgery (ABS)

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck Sharp & Dohme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Regeneron	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Astellas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eli Lilly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AB Science	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tessa Therapeutics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eisai	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eli Lilly (M) SDN BHD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AstraZeneca	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Ho reports grants from Merck Sharp & Dohme, grants from Regeneron, grants from Astellas, grants from Eli Lilly, grants from AB Science, grants from Tessa Therapeutics, personal fees from Roche, non-financial support from Eisai, personal fees from Pfizer, personal fees from Boehringer Ingelheim, personal fees from Eli Lilly (M) SDN BHD, non-financial support from AstraZeneca, grants and personal fees from Pfizer, outside the submitted work; .

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