| Date: March 7 th , 2021 | | | | | |
|------------------------------------|--|--|--|--|--|
| Your Name: Mohammad Torabi | | | | | |
| Manuscript Title: | Bowen's Disease of the Nipple: A Case Report | | | | |
| Manuscript number (if known |): ABS-20-154-R1 | | | | |

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 <u>current manuscript only</u>.

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

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

No conflict of Interest

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

| Da | te:_3/7/2021 | | | |
|------------------------|--|---|--|---|
| Yo | ur Name: Chibueze Onyer | nkpa | | |
| Ma | anuscript Title: | Bowen's Disease of the Ni | pple: A Case Report | |
| Ma | anuscript number (if known) |): <u>ABS-20-154-R</u> | <u> </u> | |
| rel pa to rel | ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest, | manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d | Il relationships/activities/interests listed below that are eans 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 o so. | |
| | anuscript only. | to the author 3 relationsh | ips activities/interests as they relate to the <u>current</u> | |
| to me | the epidemiology of hypertoedication, even if that medic | ension, you should declare ation is not mentioned in pport for the work report | e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other iter | 2 |
| | | 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 initia | al planning of the work | |
| 1 | All support for the present | xNone | | |
| | manuscript (e.g., funding, | | | |
| | provision of study materials, | | | |
| | medical writing, article | | | |
| | processing charges, etc.) | | | |
| | No time limit for this item. | | | |
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| | | Time from a | t 26 months | |
|) | Grants or contracts from | Time frame: pas | t 50 months | |
| _ | any entity (if not indicated | _xNone | | |
| | in item #1 above). | | | |
| 3 | Royalties or licenses | x None | | |
| | , | | | |

Consulting fees

_x__None

| 5 | Payment or honoraria for lectures, presentations, | xNone | |
|-----|---|-------------------------------|--------------|
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | xNone | |
| | testimony | | |
| 7 | Company for attanding | v. None | |
| / | 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 | x None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | x_None | |
| | | | |
| 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 | | |
| | | | |
| | | | |
| Ple | ease summarize the above c | onflict of interest in the fo | llowing box: |
| | There are no conflicts of intere | st. | |
| | | | |

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

| Date: | (7/2) | | | |
|--|---|--|--|-----------------|
| Your Name | :Sall agd Sma- | <u> </u> | | |
| Manuscrip | | en's Disease of the Nip | pple: A Case Report | |
| Manuscrip | t number (if known): | ABS-20-154-R | <u> </u> | |
| related to the parties who to transpar | he content of your manu ose interests may be affect | script. "Related" mea cted by the content of sarily indicate a bias. | relationships/activities/interests listed below ans any relation with for-profit or not-for-prothe manuscript. Disclosure represents a community of the manuscript of the manu | fit third |
| The followi manuscript | | e author's relationshi | os/activities/interests as they relate to the <u>cur</u> | <u>rent</u> |
| to the epide | | ı, you should declare a | <u>efined broadly</u> . For example, if your manusc all relationships with manufacturers of antihy ne manuscript. | |
| | below, report all support | _ | d in this manuscript without time limit. For a | all other items |
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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) | |
| 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. | | | |
| 2 | Grants or contracts from | Time frame: pa None | st 36 months | l |
| 2 | any entity (if not indicated in item #1 above). | | | |
| 3 | Royalties or licenses | None | | |

| Security of Education Secu | | Consulting fees | None |
|--|-----|--|--------------------------------------|
| 6 Payment for expert | 5 | lectures, presentations, speakers bureaus, | None |
| 7 Support for attendingNone meetings and/or travelNone said orNone pendingNone pendingNoneNone safety Monitoring Board or Advisory BoardNone role in other board, society, committee or advocacy group, paid or unpaidNoneNoneNone | 6 | educational events | None |
| meetings and/or travel 8 Patents planned, issued orNone pending 9 Participation on a DataNone Safety Monitoring Board or Advisory Board 10 Leadership or fiduciaryNone role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock optionsNone 12 Receipt of equipment,None materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests | 0 | | None |
| 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock optionsNone 12 Receipt of equipment,None materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interestsNone | 7 | | None |
| Safety Monitoring Board or Advisory Board 10 Leadership or fiduciaryNone role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock optionsNone 12 Receipt of equipment,None materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests | 8 | | None |
| role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock optionsNone 12 Receipt of equipment,None materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests | 9 | Safety Monitoring Board | None |
| 12 Receipt of equipment,None materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests | 10 | role in other board, society, committee or advocacy group, paid or | None |
| materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests | 11 | Stock or stock options | None |
| financial interests | 12 | materials, drugs, medical writing, gifts or other | None |
| ummarize the above conflict of interest in the following box: | 13 | | None |
| | | | |
| | umr | marize the above conflic | et of interest in the following box: |
| | umr | marize the above conflic | et of interest in the following box: |

Please

| Please place an "X" next to the following statement to indicate your agreement: Lettify 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: | 3/7/2021 | |
|------------|------------------|--|
| Your Name: | :Yaohong Tan | |
| Manuscript | Title: | Sowen's Disease of the Nipple: A Case Report |
| Manuscript | number (if known | : ABS-20-154-R1 |

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: 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 | 26 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, | x_None | |
|----|--|------------------------------|---------------|
| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert testimony | _xNone | |
| 7 | Support for attending meetings and/or travel | xNone | |
| | 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 | 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- | x_None | |
| | financial interests | | |
| | ease summarize the above conflict of Interest | onflict of interest in the f | ollowing box: |

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

| Da | te:3/7/2021 | | | | | | |
|-----------------|---|--|---|--|--|--|--|
| Yo | ur Name:Tahereh Sol | eimani | | | | | |
| Ma | Manuscript Title: Bowen's Disease of the Nipple: A Case Report | | | | | | |
| Ma | Manuscript number (if known): ABS-20-154-R1 | | | | | | |
| rel pa to | ated to the content of your rties whose interests may b | manuscript. "Related" mea e affected by the content o necessarily indicate a bias. | 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 lf you are in doubt about whether to list a so. | | | | |
| | e following questions apply <u>nuscript only</u> . | to the author's relationshi | ps/activities/interests as they relate to the <u>current</u> | | | | |
| to | • | ension, you should declare | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. | | | | |
| | item #1 below, report all su e time frame for disclosure i | | d in this manuscript without time limit. For all other items | | | | |
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| L | 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 | | | | | |
| | ivo time ilinit for tims itelli. | | | | | | |
| | | | | | | | |
| | | 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 | xNone | | | | | |

Consulting fees

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_None

4

| 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 | x_None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _xNone | |
| 13 | Other financial or non- financial interests | XNone | |
| | ease summarize the above c | onflict of interest in the fo | lowing box: |
| | None | | |

| None | | | |
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| Da | te:3/7/2021 | | | | | | |
|---------------------|--|---|---|--|--|--|--|
| Yo | ur Name:Modina Thra | sher | | | | | |
| Ma | Manuscript Title: Bowen's Disease of the Nipple: A Case Report | | | | | | |
| | anuscript number (if known) | | | | | | |
| rel pa to rel Th ma | 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 <u>current manuscript only</u> . 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. | | | | | | |
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| | | needed) | | | | | |
| | | Time frame: Since the initia | l planning of the work | | | | |
| 1 | All support for the present | _xNone | | | | | |
| | manuscript (e.g., funding, | | | | | | |
| | provision of study materials, | | | | | | |
| | medical writing, article | | | | | | |
| | processing charges, etc.) No time limit for this item. | | | | | | |
| | No time limit for this item. | | | | | | |
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| | | Time frame: past | 36 months | | | | |
| 2 | Grants or contracts from | x_None | | | | | |
| | any entity (if not indicated | | | | | | |
| | in item #1 above). | | | | | | |
| 3 | Royalties or licenses | xNone | | | | | |

Consulting fees

_X__

_None

4

| 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 | |
| | meetings and/or traver | | |
| 8 | Patents planned, issued or | x None | |
| 0 | pending | xNone | |
| _ | | | |
| 9 | Participation on a Data Safety Monitoring Board or | _xNone | |
| | 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 | _xNone | |
| | | | |
| 12 | Receipt of equipment, | xNone | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | xNone | |
| | | | |
| | ease summarize the above c | onflict of interest in the fo | llowing box: |
| | | | |

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

| Date: <u>03/06/2021</u> | |
|------------------------------------|--|
| Your Name:_ <u>_Harvey L Bum</u> p | ers |
| Manuscript Title: | Bowen's Disease of the Nipple: A Case Report |
| Manuscript number (if known | ABS-20-154-R1 |

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). | 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 | x None | | |
|----|--|---------------|--|--|
| 6 | Payment for expert testimony | x_None | | |
| 7 | Support for attending meetings and/or travel | x_None | | |
| | | | | |
| 8 | Patents planned, issued or pending | xNone | | |
| | | | | |
| 9 | Participation on a Data | x_None | | |
| | Safety Monitoring Board or Advisory Board | | | |
| 10 | Leadership or fiduciary role | <u>x</u> None | | |
| | in other board, society, | | | |
| | committee or advocacy group, paid or unpaid | | | |
| 11 | Stock or stock options | x_None | | |
| | | | | |
| 12 | Descipt of anythment | v. Nana | | |
| 12 | Receipt of equipment, materials, drugs, medical | x_None | | |
| | writing, gifts or other services | | | |
| 13 | Other financial or non- | <u>x</u> None | | |
| | financial interests | | | |
| | | | | |
| | Please summarize the above conflict of interest in the following box: I have no conflicts of Interest | | | |

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