

ICMJE DISCLOSURE FORM

Date: Feb 28th, 2022

Your Name: Elizabeth Poli

Manuscript Title: Physician's Comfort Level with Observing Ductal Carcinoma In Situ of the Breast: A Survey of Breast Specialists at Accredited Breast Centers in the United States.

Manuscript number (if known): ABS-22-1

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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:

None.

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

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

ICMJE DISCLOSURE FORM

Date: Feb 28th, 2022

Your Name: Cecilia Chang

Manuscript Title: Physician's Comfort Level with Observing Ductal Carcinoma In Situ of the Breast: A Survey of Breast Specialists at Accredited Breast Centers in the United States.

Manuscript number (if known): ABS-22-1

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ICMJE DISCLOSURE FORM

Date: Feb 28th, 2022

Your Name: Richard Bleicher MD

Manuscript Title: Physician's Comfort Level with Observing Ductal Carcinoma In Situ of the Breast: A Survey of Breast Specialists at Accredited Breast Centers in the United States.

Manuscript number (if known): ABS-22-1

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> I am a Chair of NAPBC	No financial considerations but this is relevant to NAPBC.
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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:

As a Chair of NAPBC, I represent the organization; NAPBC is the accrediting body for the breast centers.

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

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

ICMJE DISCLOSURE FORM

Date: Feb 28th, 2022

Your Name: Moran S. Meena, MD

Manuscript Title: Physician's Comfort Level with Observing Ductal Carcinoma In Situ of the Breast: A Survey of Breast Specialists at Accredited Breast Centers in the United States.

Manuscript number (if known): ABS-22-1

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> I am vice char of NCCN breast panel	No financial considerations.
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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:

I am vice chair of the NCCN breast panel but this is not a conflict to this study.

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

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

ICMJE DISCLOSURE FORM

Date: Feb 28th, 2022

Your Name: Jill R. Dietz

Manuscript Title: Physician's Comfort Level with Observing Ductal Carcinoma In Situ of the Breast: A Survey of Breast Specialists at Accredited Breast Centers in the United States.

Manuscript number (if known): ABS-22-1

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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:

None.

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.

ICMJE DISCLOSURE FORM

Date: Feb 28th, 2022

Your Name: Terry Sarantou MD MS FACS FSSO

Manuscript Title: Physician's Comfort Level with Observing Ductal Carcinoma In Situ of the Breast: A Survey of Breast Specialists at Accredited Breast Centers in the United States.

Manuscript number (if known): ABS-22-1

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ICMJE DISCLOSURE FORM

Date: Feb 28th, 2022

Your Name: Scott H Kurtzman MD FACS

Manuscript Title: Physician's Comfort Level with Observing Ductal Carcinoma In Situ of the Breast: A Survey of Breast Specialists at Accredited Breast Centers in the United States.

Manuscript number (if known): ABS-22-1

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Please summarize the above conflict of interest in the following box:

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ICMJE DISCLOSURE FORM

Date: Feb 28th, 2022

Your Name: Katharine Yao, MD

Manuscript Title: Physician's Comfort Level with Observing Ductal Carcinoma In Situ of the Breast: A Survey of Breast Specialists at Accredited Breast Centers in the United States.

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	Vice Chair, National Accreditation Program for Breast Centers; President, Chicago Surgical Society;
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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:

I have held two major leadership positions in two societies mentioned above.

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

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