

ICMJE DISCLOSURE FORM

Date: June 14th 2024

Your Name: Anna Byrjalsen

Manuscript Title: Rare germline chromosome 1 duplication identified in young male with colon cancer: a case report investigating causality

Manuscript number (if known): JGO-24-148-CL

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.	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 lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ 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: 30-05-2024

Your Name: Sara Garcia

Manuscript Title: Rare germline chromosome 1 duplication identified in young male with colon cancer: a case report investigating causality

Manuscript number (if known): _____

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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	
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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	

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None.

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ICMJE DISCLOSURE FORM

Date: June 14th 2024
 Your Name: Line Gutte Borgwardt
 Manuscript Title: Rare germline chromosome 1 duplication identified in young male with colon cancer: a case report investigating causality
 Manuscript number (if known): JGO-24-148-CL

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6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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13	Other financial or non-financial interests	___ None	

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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: 06-11-2024

Your Name: Karin Anna Wallentin Wadt

Manuscript Title: Rare germline chromosome 1 duplication identified in young male with colon cancer: a case report investigating causality

Manuscript number (if known): JGO-24-148-CL

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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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

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

Payment for presentation at DBCG's yearly meeting concerning BRCA gene testing in breast cancer patients

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: 30-05-2024
 Your Name: Anne-Marie Gerdes
 Manuscript Title: Rare germline chromosome 1 duplication identified in young male with colon cancer: a case report investigating causality
 Manuscript number (if known): _____

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13	Other financial or non-financial interests	___ None	

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

I do not have any conflicts of interest.

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: June 13th, 2024
 Your Name: Thomas van Overeem Hansen
 Manuscript Title: Rare germline chromosome 1 duplication identified in young male with colon cancer: a case report investigating causality
 Manuscript number (if known): JGO-24-148-CL

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