

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.

Identifying information.

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4. Intellectual Property.

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether

earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent

Bardia 1



Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name) Aditya	2. Surna Bardia	me (Last Nar	me)		3. Date 19-April-2020	
4. Are you the corresponding author?	Yes	√ No	Correspond Case Reco	_	or's Name • Massachusetts General Hospital	
5. Manuscript Title A 62-Year-Old Female with Early Breast	Cancer Du	uring the CO	OVID-19 Pandemi	ic		
6. Manuscript Identifying Number (if you kn 20-02422	ow it)					
Section 2. The Work Under Co	• •		112 42			
The Work Under Co	onsidera	tion for P	ublication			
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not lin	nited to gran				:.) for
Section 3. Relevant financial	activitie	s outside :	the submitted	work.		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	bed in the port relations: est?	e instruction onships tha Yes	ns. Use one line fo	or each en	itity; add as many lines as you need	
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Genentech	✓	√	✓		Research Grant to Institution; Advisory Board/Consulting; Steering Committee. Travel support.	
Novartis	✓	✓	✓		Research Grant to Institution; Advisory Board/Consulting; Steering Committee. Travel support.	
Pfizer	✓	√	✓		Research Grant to Institution; Advisory Board/Consulting; Steering Committee. Travel support.	
Merck					Research Grant to Institution;	

Bardia 2

1

Advisory Board/Consulting; Steering Committee. Travel support.

✓

✓



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanofi	✓				Research Grant to Institution; Advisory Board/Consulting. Travel support.
Radius Health	✓	✓	✓		Research Grant to Institution; Advisory Board/Consulting; Steering Committee. Travel support.
Immunomedics	✓	✓	✓		Research Grant to Institution; Advisory Board/Consulting; Steering Committee. Travel support.
Biothernostics Inc.	✓	✓			Advisory Board/Consulting
Taiho		✓	✓		Advisory Board/Consulting. Travel support.
Diiachi Pharma/Astra Zeneca		✓			Advisory Board/Consulting
Puma		√			Advisory Board/Consulting
Phillips		✓	✓		Advisory Board/Consulting. Travel support.
Eli Lilly		\checkmark			Advisory Board/Consulting.
oundation Medicine		✓			Advisory Board/Consulting.
Section 4. Intellectual Proper	ty Pate	ents & Cop	pyrights		
Do you have any patents, whether plann Section 5. Relationships not of	·	_	ed, broadly releva	nt to the	work? ☐ Yes 🗸 No
Are there other relationships or activities potentially influencing, what you wrote	s that read	ders could ¡		influence	d, or that give the appearance of
Yes, the following relationships/conditions/cir					
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					• •

Bardia 3

Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Bardia reports grants, personal fees and non-financial support from Genentech, grants, personal fees and non-financial support from Novartis, grants, personal fees and non-financial support from Pfizer, grants, personal fees and non-financial support from Merck, grants from Sanofi, grants, personal fees and non-financial support from Radius Health, grants, personal fees and non-financial support from Immunomedics, grants and personal fees from Biothernostics Inc., personal fees and non-financial support from Taiho, personal fees from Diiachi Pharma/Astra Zeneca, personal fees from Puma, personal fees and non-financial support from Phillips, personal fees from Eli Lilly, personal fees from Foundation Medicine, outside the submitted work;

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Royalties: Funds are coming in to you or your institution due to your patent

lsakoff 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fir Steven	st Name)	2. Surnar Isakoff	ne (Last Nan	ne)		3. Date 06-May-2020
4. Are you the corr	responding author?	Yes	✓ No	Correspond Case Reco		or's Name e Massachusetts General Hospital
5. Manuscript Title A 62-Year-Old Fe	male with Early Breast	Cancer Du	ring the CO	OVID-19 Pandemi	ic	
6. Manuscript Ider 20-02422	ntifying Number (if you kn	ow it)				
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any aspect of the s statistical analysis,	ubmitted work (including	but not lim	ited to gran			ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Section 3.	Relevant financial	activities	outside 1	the submitted	work.	
of compensation clicking the "Add Are there any rele) with entities as descri	bed in the port relations: est? // `	instruction inships tha Yes	ns. Use one line fo	or each ei	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Abbvie			✓			Consultant; Research Funding to Institution
Hengrui			✓			Consultant
mmunomedics			✓			Consultant
Mylan			✓			Consultant
Myriad Genetics			✓			Consultant
Puma			√			Consultant
OncoPep		✓	✓			Consultant; Research Funding to

lsakoff 2



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AstraZeneca	✓				Research Funding to Institution
Genetech				✓	Research Funding to Institution
Merck	✓				Research Funding to Institution
Pharmamar				✓	Research Funding to Institution
Section 4. Intellectual Propert Do you have any patents, whether plann	•	•		nt to the	work? ☐ Yes 🗸 No
Section 5. Relationships not c	overed a	above			
Are there other relationships or activities potentially influencing, what you wrote i				nfluence	d, or that give the appearance of
Yes, the following relationships/cond	itions/ciro	cumstance	s are present (exp	olain belo	ow):
✓ No other relationships/conditions/cir	cumstanc	es that pre	esent a potential o	conflict o	f interest
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					•
Section 6. Disclosure Statemen	nt				
Based on the above disclosures, this form below.		omatically (generate a disclos	sure state	ement, which will appear in the box
Dr. Isakoff reports personal fees from Ab from Mylan, personal fees from Myriad G Abbvie, grants from AstraZeneca, other foutside the submitted work; .	Genetics, p	ersonal fe	es from Puma, pe	rsonal fe	es from OncoPep, grants from

lsakoff 3



Evaluation and Feedback

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Isakoff 4



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Jimenez 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Rachel	rst Name)	2. Surname (Last Name) Jimenez	3. Date 05-May-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Case Records of the Massachusetts General Hospital
5. Manuscript Title A 62-Year-Old Fe		Cancer During the COVID	-19 Pandemic
6. Manuscript Ide 20-02422	ntifying Number (if you kr	now it)	
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Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	n) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyrig	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Jimenez 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Jimenez has r	nothing to disclose.

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Ly 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Amy	rst Name)	2. Surname (Last Name) Ly	3. Date 05-May-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Case Records of the Massachusetts General Hospital
5. Manuscript Title A 62-Year-Old Fe		Cancer During the COVID	-19 Pandemic
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			-
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Do you have any			oadly relevant to the work? Yes V No

Ly 2



Section 5.	
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Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Dr. Ly has nothir	ng to disclose.

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Ly 3



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Moy 1



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1. Given Name (First Name) Beverly	2. Surname (Last Name) Moy	3. Date 05-May-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Case Records of the Massachusetts General Hospital
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Name of Entity	Grant? Personal Not	n-Financial other? Comments
PUMA Biotechnology	✓	Research funding to institution
Section 4. Intellectual Prope	erty Patents & Copyri	yhts
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Moy 2



Section 5. Polationships not sovered above
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4. Intellectual Property.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Shin 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Jennifer	rst Name)	2. Surname (Last Name) Shin	3. Date 07-May-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Case Records of the Massachusetts General Hospital
5. Manuscript Title A 62-Year-Old Fe		Cancer During the COVID	-19 Pandemic
6. Manuscript Ider 20-02422	ntifying Number (if you kr	now it)	
			_
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Shin 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Shin has not	hing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Shin 3



Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Specht 1



Section 1. Identifying Inforn	nation			
Given Name (First Name) Michelle	2. Surname (Last Name) Specht	3. Date 05-May-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Case Records of the Massachusetts General Hospital		
5. Manuscript Title A 62-Year-Old Female with Early Breast	: Cancer During the COVID	-19 Pandemic		
6. Manuscript Identifying Number (if you ki 20-02422	now it)			
Section 2. The Work Under C	onsideration for Public	cation		
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Volume Yes				
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo				
Section 4. Intellectual Prope	rty Patents & Copyri	ghts		
Do you have any patents, whether plan	ined, pending or issued, br	roadly relevant to the work? Yes V No		

Specht 2



Section 5.			
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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?			
Yes, the following relationships/conditions/circumstances are present (explain below):			
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Section 6.	Disclosure Statement		
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Specht has n	othing to disclose.		

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Specht 3



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Royalties: Funds are coming in to you or your institution due to your patent

Spring 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Laura	2. Surname (Last Name) Spring	3. Date 06-May-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Case Records of the Massachusetts General Hospital
5. Manuscript Title A 62-Year-Old Female with Early Breas	et Cancer During the COVII)-19 Pandemic
6. Manuscript Identifying Number (if you l 20-02422	know it)	
Section 2. The Work Under (Consideration for Publ	ication
any aspect of the submitted work (includir statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not limited to grants, c	n a third party (government, commercial, private foundation, etc.) for lata monitoring board, study design, manuscript preparation,
Section 3. Relevant financia	l activities outside the	submitted work.
of compensation) with entities as desc	ribed in the instructions. Leport relationships that we rest? Yes No formation below.	hether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication .
Name of Entity	Grant? Personal No	On-Financial Support? Comments
Novartis		Consulting
Puma		Consulting
Lumicell		Consulting
Merk	✓	travel; institutional research funding
Tesaro	✓	travel; institutional research funding

Spring 2



Continue 4		
Section 4. Intellectual Property Patents & Copyrights		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V		
Section 5. Relationships not covered above		
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Dr. Spring reports personal fees from Novartis, personal fees from Puma, personal fees from Lumicell, grants and non-financial support from Merk, grants and non-financial support from Tesaro, outside the submitted work; .		

Evaluation and Feedback

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Wang 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fir Gary	st Name)	2. Surname (Last Name) Wang	3. Date 05-May-2020	
4. Are you the corr	responding author?	Yes ✓ No	Corresponding Author's Name Case Records of the Massachusetts General Hospital	
5. Manuscript Title A 62-Year-Old Fe		Cancer During the COVID	-19 Pandemic	
6. Manuscript Ider 20-02422	ntifying Number (if you kn	now it)		
			_	
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Wang 2



Section 5.				
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Wang 3