

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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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report 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.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Aditya

2. Surname (Last Name)
Bardia

3. Date
19-April-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 know it)
20-02422

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the 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 No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Genentech	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research Grant to Institution; Advisory Board/Consulting; Steering Committee. Travel support.
Novartis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research Grant to Institution; Advisory Board/Consulting; Steering Committee. Travel support.
Pfizer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research Grant to Institution; Advisory Board/Consulting; Steering Committee. Travel support.
Merck	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research Grant to Institution; Advisory Board/Consulting; Steering Committee. Travel support.

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Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant to Institution; Advisory Board/Consulting. Travel support.
Radius Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research Grant to Institution; Advisory Board/Consulting; Steering Committee. Travel support.
Immunomedics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research Grant to Institution; Advisory Board/Consulting; Steering Committee. Travel support.
Biothernostics Inc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board/Consulting
Taiho	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory Board/Consulting. Travel support.
Daiichi Pharma/Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board/Consulting
Puma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board/Consulting
Phillips	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory Board/Consulting. Travel support.
Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board/Consulting.
Foundation Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board/Consulting.

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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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; .

Evaluation and Feedback

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

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Section 1. Identifying Information

1. Given Name (First Name)
Steven

2. Surname (Last Name)
Isakoff

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 Breast Cancer During the COVID-19 Pandemic

6. Manuscript Identifying Number (if you know it)
20-02422

Section 2. The Work Under Consideration for Publication

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 No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

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Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant; Research Funding to Institution
Hengrui	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Immunomedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Mylan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Myriad Genetics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Puma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
OncoPep	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant; Research Funding to Institution

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AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Funding to Institution
Genetech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Funding to Institution
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Funding to Institution
Pharmamar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Funding to Institution

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Isakoff reports personal fees from Abbvie, personal fees from Hengrui, personal fees from Immunomedics, personal fees from Mylan, personal fees from Myriad Genetics, personal fees from Puma, personal fees from OncoPep, grants from Abbvie, grants from AstraZeneca, other from Genetech, grants from Merck, other from Pharmamar, grants from OncoPep, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rachel

2. Surname (Last Name)
Jimenez

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 know it)
20-02422

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Jimenez has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Amy

2. Surname (Last Name)
Ly

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

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Dr. Ly has nothing to disclose.

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Other: Anything not covered under the previous three boxes

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Issued: The patent has been issued by the agency

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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

5. Manuscript Title
A 62-Year-Old Female with Early Breast Cancer During the COVID-19 Pandemic

6. Manuscript Identifying Number (if you know it)
20-02422

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
PUMA Biotechnology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research funding to institution

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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?

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Section 6. Disclosure Statement

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Dr. Moy reports grants from PUMA Biotechnology, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jennifer

2. Surname (Last Name)
Shin

3. Date
07-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 know it)
20-02422

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Shin has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michelle	2. Surname (Last Name) Specht	3. Date 05-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 know it) 20-02422		

Section 2. The Work Under Consideration for Publication

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 No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Specht has nothing to disclose.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 Breast Cancer During the COVID-19 Pandemic

6. Manuscript Identifying Number (if you know it)
20-02422

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Puma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Lumicell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Merk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	travel; institutional research funding
Tesaro	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	travel; institutional research funding

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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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; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Gary

2. Surname (Last Name)

Wang

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

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20-02422

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Dr. Wang has nothing to disclose.

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