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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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)  
   Jürg

2. Surname (Last Name)  
   Bernhard

3. Date  
   25-April-2014

4. Are you the corresponding author?  
   Yes ☐ No ✔

Corresponding Author’s Name  
Karen Price

5. Manuscript Title  
   Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)  
   14-04037

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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   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 ✔
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Section 6. Disclosure Statement

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Dr. Bernhard has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Hervé

2. Surname (Last Name)  
   Bonnefoi

3. Date  
   28-April-2014

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
Karen Price

5. Manuscript Title  
   Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)  
   14-04037

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Dr. Bonnefoi has nothing to disclose.

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Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Harold

2. Surname (Last Name)  
   Burstein

3. Date  
   25-April-2014

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

Corresponding Author’s Name  
Karen Price

5. Manuscript Title  
Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)  
14-04037

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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?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Burstein has nothing to disclose.

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Ciruelos
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  EVA MARIA

2. Surname (Last Name)  Ciruelos

3. Date  26-April-2014

4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name  Karen Price

5. Manuscript Title  Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)  14-04037

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

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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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Ciruelos has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Alan
2. Surname (Last Name)  Coates
3. Date  25-April-2014

4. Are you the corresponding author?  ✔ Yes  No
Corresponding Author’s Name  Karen Price

5. Manuscript Title
Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest?  ✔ Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Coates reports grant support from Novartis during the conduct of the study.

**Evaluation and Feedback**

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

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)            2. Surname (Last Name)            3. Date
Marco Angelo Oscar            Colleoni            29-April-2014

4. Are you the corresponding author? □ Yes ✔ No
   Corresponding Author's Name
   Karen Price

5. Manuscript Title
   Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)
   14-04037

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.

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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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<td>Advisory board</td>
</tr>
<tr>
<td>Taiho Pharmaceuticals</td>
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<td>Advisory board</td>
</tr>
<tr>
<td>AbbVie</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Advisory board</td>
</tr>
<tr>
<td>Novartis</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Consulting, lecture honorarium</td>
</tr>
<tr>
<td>AstraZeneca</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Advisory board</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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. Colleoni reports personal fees from Boehringer Ingelheim, Taiho Pharmaceuticals, AbbVie, Novartis, and AstraZeneca outside the submitted work.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Diana

2. Surname (Last Name)  
Crivellari

3. Date  
28-April-2014

4. Are you the corresponding author?  
[ ] Yes  [x] No  
Corresponding Author’s Name  
Karen Price

5. Manuscript Title  
Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)  
14-04037

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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  [x] No

**Section 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest?  
[ ] Yes  [x] No

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
[ ] Yes  [x] No
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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. Crivellari 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)  
Gini

2. Surname (Last Name)  
Fleming

3. Date  
24-April-2014

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Karen Price

5. Manuscript Title  
Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)  
14-04037

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>CTSU</td>
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<td></td>
<td></td>
<td>☑</td>
<td>When trial was first listed on CTSU there was some salary support (one year only) paid to University of Chicago, contingent on preparation of a slide set</td>
</tr>
</tbody>
</table>

Section 3. Relevant financial activities outside the submitted work.

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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corcept</td>
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<td></td>
<td>☑</td>
<td></td>
<td>Supplied drug (mifepristone) for a clinical trial for which I am co-PI</td>
</tr>
</tbody>
</table>
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Section 4. Intellectual Property -- Patents & Copyrights
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Section 6. Disclosure Statement
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Dr. Fleming reports other support from CTSU during the conduct of the study, and non-financial support from Corcept 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)**
   Prudence

2. **Surname (Last Name)**
   Francis

3. **Date**
   29-April-2014

4. **Are you the corresponding author?**
   ![Yes](https://example.com/yes-icon.png)
   No

5. **Manuscript Title**
   Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. **Manuscript Identifying Number (if you know it)**
   14-04037

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Are there any relevant conflicts of interest?  ![Yes](https://example.com/yes-icon.png)
   No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  ![Yes](https://example.com/yes-icon.png)
   ![No](https://example.com/no-icon.png)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ![Yes](https://example.com/yes-icon.png)
   ![No](https://example.com/no-icon.png)
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Francis has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Richard  
   
2. **Surname (Last Name)**  
   Gelber  
   
3. **Date**  
   25-April-2014  
   
4. **Are you the corresponding author?**  
   ✔ Yes  
   No  
   
5. **Manuscript Title**  
   Exemestane versus Tamoxifen with Ovarian Function Suppression in Premenopausal Breast Cancer  
   
6. **Manuscript Identifying Number (if you know it)**  
   14-04037  

## 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  

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<tbody>
<tr>
<td>International Breast Cancer Study Group (IBCSG)</td>
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<td></td>
<td>Partial salary support</td>
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<td>U.S. National Cancer Institute</td>
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<td></td>
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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
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):

✔ No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Gelber reports grant support from the International Breast Cancer Study Group (IBCSG) and the U.S. National Cancer Institute during the conduct of the study.

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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) Charles
2. Surname (Last Name) Geyer
3. Date 25-April-2014
4. Are you the corresponding author? ☑ Yes    ☐ No
   Corresponding Author’s Name Karen Price
5. Manuscript Title
   Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer
6. Manuscript Identifying Number (if you know it)
   14-04037

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<td>NSABP/NRG (US NIH U10-CA-12027, U10-CA-69651, U10-CA-37377, U10-CA-69974)</td>
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</table>

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Dr. Geyer reports grant support from the National Cancer Institute during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Anita

2. Surname (Last Name)  
Giobbie-Hurder

3. Date  
24-April-2014

4. Are you the corresponding author?  
Yes ☐ No ☑

Corresponding Author’s Name  
Karen Price

5. Manuscript Title  
Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)  
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Ms. Giobbie-Hurder has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Aron

2. Surname (Last Name)  
   Goldhirsch

3. Date  
   28-April-2014

4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author’s Name  
   Karen Price

5. Manuscript Title  
   Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

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Dr. Goldhirsch has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Henry
2. Surname (Last Name)      Gomez
3. Date                     01-May-2014
4. Are you the corresponding author?  No
5. Manuscript Title         Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer
6. Manuscript Identifying Number (if you know it) 14-04037

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Are there any relevant conflicts of interest?  No

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Section 1. Identifying Information

1. Given Name (First Name)  
   István

2. Surname (Last Name)  
   Láng

3. Date  
   25-April-2014

4. Are you the corresponding author?  
   ☐ Yes  ☑ No

   Corresponding Author’s Name  
   Karen Price

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Weixiu

2. Surname (Last Name)  
Luo

3. Date  
25-April-2014

4. Are you the corresponding author?  
No

5. Manuscript Title  
Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)  
14-04037

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.)?  
No

Are there any relevant conflicts of interest?  
No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Ms. Luo has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
## Section 1. Identifying Information

1. Given Name (First Name)  
   Rudolf  
2. Surname (Last Name)  
   Maibach  
3. Date  
   29-April-2014  
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Karen Price  
5. Manuscript Title  
   Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer  
6. Manuscript Identifying Number (if you know it)  
   14-04037

## 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  
   [x] No

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   [x] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Maibach has nothing to disclose.

Evaluation and Feedback

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1. Identity information.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
Silvana

2. Surname (Last Name)  
Martino

3. Date  
28-April-2014

4. Are you the corresponding author?  
- [ ] Yes  
- [x] No  

Corresponding Author’s Name  
Karen Price

5. Manuscript Title  
Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)  
14-04037

## Section 2. The Work Under Consideration for Publication

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- [ ] Yes  
- [x] No

Are there any relevant conflicts of interest?  
- [ ] Yes  
- [x] No

## Section 3. Relevant financial activities outside the submitted work.

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- [ ] Yes  
- [x] No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- [ ] Yes  
- [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Martino has nothing to disclose.

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Pagani
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Olivia
2. Surname (Last Name) Pagani
3. Date 30-April-2014
4. Are you the corresponding author? ☐ Yes ✔ No
5. Manuscript Title
Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer
6. Manuscript Identifying Number (if you know it)
14-04037

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Pagani has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Edith</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Perez</td>
</tr>
<tr>
<td>3. Date</td>
<td>25-April-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [✓] No

<table>
<thead>
<tr>
<th>Corresponding Author’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Price</td>
</tr>
</tbody>
</table>

5. Manuscript Title
Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)
14-04037

## Section 2. The Work Under Consideration for Publication

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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. Perez has nothing to disclose.

**Evaluation and Feedback**

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Released:** 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)**
   Graziella

2. **Surname (Last Name)**
   Pinotti

3. **Date**
   28-April-2014

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No

   **Corresponding Author's Name**
   Karen Price

5. **Manuscript Title**
   Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. **Manuscript Identifying Number (if you know it)**
   14-04037

## 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  
- [x] No

## Section 3. Relevant financial activities outside the submitted work.

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- [ ] Yes  
- [x] No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- [ ] Yes  
- [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Pinotti has nothing to disclose.

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<tr>
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<tbody>
<tr>
<td>Karen</td>
<td>Price</td>
<td>24-April-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
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Ms. Price has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Fabio
2. Surname (Last Name) Puglisi
3. Date 26-April-2014
4. Are you the corresponding author? ☑ No
5. Manuscript Title Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer
6. Manuscript Identifying Number (if you know it) 14-04037

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.)?

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Are there any relevant conflicts of interest? ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
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Dr. Puglisi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Manuela

2. Surname (Last Name)  
   Rabaglio-Poretti

3. Date  
   25-April-2014

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Karen Price

5. Manuscript Title  
   Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Rabaglio-Poretti has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Meredith
2. **Surname (Last Name)**
   - Regan
3. **Date**
   - 24-April-2014

4. **Are you the corresponding author?**
   - Yes [✓] No
   - Corresponding Author’s Name
   - Karen Price

5. **Manuscript Title**
   - Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. **Manuscript Identifying Number (if you know it)**
   - 14-04037

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Are there any relevant conflicts of interest?  [✓] Yes  [ ] No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

<table>
<thead>
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<td>[ ]</td>
<td>[✓]</td>
<td>Drug supply for the trial</td>
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Are there any relevant conflicts of interest?  [ ] Yes  [✓] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  [ ] Yes  [✓] No
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Dr. Regan reports grant support from Pfizer and other support from Ipsen during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
Karin

2. Surname (Last Name)  
Ribi

3. Date  
25-April-2014

4. Are you the corresponding author?  
[ ] Yes  [x] No

Corresponding Author’s Name  
Karen Price

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Are there any relevant conflicts of interest?  
[ ] Yes  [x] No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
[ ] Yes  [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ribi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Barbara

2. Surname (Last Name)  
   Ruepp

3. Date  
   28-April-2014

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Karen Price

5. Manuscript Title  
   Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)  
   14-04037

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas
2. Surname (Last Name)  
   Ruhstaller
3. Date  
   25-April-2014
4. Are you the corresponding author?  
   Yes  ✔  No
5. Manuscript Title  
   Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer
6. Manuscript Identifying Number (if you know it)  
   14-04037

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

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   Yes  ✔  No
If yes, please fill out the appropriate information below.

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<td></td>
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<td>Advisory board, travel support</td>
</tr>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Ruhstaller reports personal fees and other support from Novartis 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)  
   Vered  
2. Surname (Last Name)  
   Stearns  
3. Date  
   25-April-2014  
4. Are you the corresponding author?  
   Yes ✔ No
5. Manuscript Title  
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<tr>
<td>Pfizer</td>
<td>✔</td>
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<td>☐</td>
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<tr>
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Dr. Stearns reports grant support from Pfizer and Novartis outside the submitted work.

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1. **Given Name (First Name)**  
   Carlo

2. **Surname (Last Name)**  
   Tondini

3. **Date**  
   25-April-2014

4. **Are you the corresponding author?**  
   - Yes  
   - No  
   ✔ No

   **Corresponding Author’s Name**  
   Karen Price

5. **Manuscript Title**  
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2. Surname (Last Name)
   Viale
3. Date
   25-April-2014
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   Corresponding Author’s Name
   Karen Price
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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
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. Viale reports personal fees from Novartis, Roche, and Eli Lilly outside the submitted work.

Evaluation and Feedback

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1. Identifying information.

2. The work under consideration for publication.

3. Relevant financial activities outside the submitted work.


5. Relationships not covered above.

Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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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
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Section 1. Identifying Information

1. Given Name (First Name)  Barbara
2. Surname (Last Name)  Walley
3. Date  30-April-2014

4. Are you the corresponding author?  Yes ☐ No ☑
Corresponding Author’s Name  Karen Price

5. Manuscript Title  Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)  14-04037

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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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 ☑

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Dr. Walley has nothing to disclose.

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1. **Identifying information.**

2. **The work under consideration for publication.**

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

3. **Relevant financial activities outside the submitted work.**

   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

   For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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.

**Definitions.**

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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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) Eric
2. Surname (Last Name) Winer
3. Date 25-April-2014
4. Are you the corresponding author? ☑ Yes ☐ No

Corresponding Author’s Name

Karen Price

5. Manuscript Title
Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

6. Manuscript Identifying Number (if you know it)
14-04037

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.)? ☑ Yes ☐ No

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. ☑ Yes ☐ No

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Dr. Winer has nothing to disclose.

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