

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.

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.

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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.

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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)

Brennan

3. Date

09-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lynda Wyld

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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

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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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Generate Disclosure Statement

Prof. Brennan 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)

Adrian

2. Surname (Last Name)

Edwards

3. Date

29-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lynda Wyld

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Dr. Edwards 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) Anthony	2. Surname (Last Name) Nettleship	3. Date 20-April-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lynda Wyld
5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women		
6. Manuscript Identifying Number (if you know it) _____		

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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Are there any relevant conflicts of interest? Yes No

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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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Mr. Nettleship 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) Alistair 2. Surname (Last Name) Ring 3. Date 09-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lynda Wyld

5. Manuscript Title
Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Boards	×
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honoraria	×
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lectures	×
Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Boards	×
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Boards	×

ADD



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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. Ring reports personal fees from Roche, personal fees from Novartis, personal fees from Pfizer, personal fees from Lilly, personal fees from MSD, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Anne

2. Surname (Last Name)

Shrestha

3. Date

07-October-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Lynda Wyld

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

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Dr. Shrestha has nothing to disclose.

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5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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)

Alastair

2. Surname (Last Name)

Thompson

3. Date

19-August-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lynda Wyld

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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

ADD

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

ADD

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.

Generate Disclosure Statement

Dr. Thompson 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) Annaliza

2. Surname (Last Name) Todd

3. Date 02-September-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Lynda Wyld

5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it) _____

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

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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. Todd 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) Christopher

2. Surname (Last Name) Holcombe

3. Date _____

4. Are you the corresponding author? Yes No Corresponding Author's Name Lynda Wyld

5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it) _____

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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ADD

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Holcombe 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)

Charlene

2. Surname (Last Name)

Martin

3. Date

10-July-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Lynda Wyld

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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

ADD

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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Generate Disclosure Statement

Ms. Martin has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title

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Section 2. The Work Under Consideration for Publication

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
National Institute for Health Research (NIHR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>

ADD

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Are there any relevant conflicts of interest? Yes No

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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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Christopher Murray reports grants from National Institute for Health Research (NIHR) 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) Deirdre	2. Surname (Last Name) Revill	3. Date 07-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lynda Wyld
5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women		
6. Manuscript Identifying Number (if you know it) 		

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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

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Esther

2. Surname (Last Name) Herbert

3. Date 14-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Lynda Wyld

5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it) _____

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
National Institute for Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RP-PG-1209-10071	X ADD

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

ADD

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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Mrs. Herbert reports grants from National Institute for Health Research, 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)

Fiona

2. Surname (Last Name)

Armitage

3. Date

08-June-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lynda Wyld

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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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Are there any relevant conflicts of interest? Yes No

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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. Armitage 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) Geoffrey	2. Surname (Last Name) Holmes	3. Date 14-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lynda Wyld
5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women		
6. Manuscript Identifying Number (if you know it) _____		

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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Are there any relevant conflicts of interest? Yes No

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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. Holmes 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)

Helena

2. Surname (Last Name)

Harder

3. Date

30-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lynda Wyld

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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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

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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. Harder 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)
Jacqui

2. Surname (Last Name)
Gath

3. Date
07-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Lynda Wyld

5. Manuscript Title
Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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Dr. Gath has nothing to disclose.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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) Jenna

2. Surname (Last Name) Morgan

3. Date 26-August-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Lynda Wyld

5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it) _____

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

ADD

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

ADD

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

I am currently an NIHR Clinical Lecturer so my post is funded by the NIHR.

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

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

Generate Disclosure Statement

Dr. Morgan reports and I am currently an NIHR Clinical Lecturer so my post is funded by the NIHR..

Evaluation and Feedback

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jay

2. Surname (Last Name)

Naik

3. Date

04-April-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lynda Wyld

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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

ADD

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

ADD

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

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Dr. Naik 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) Julietta	2. Surname (Last Name) Patnick	3. Date 30-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lynda Wyld
5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women		
6. Manuscript Identifying Number (if you know it) _____		

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

ADD

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

ADD

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

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Dr. Patnick has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Juliet

2. Surname (Last Name) Wright

3. Date 13-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Lynda Wyld

5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it) _____

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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Are there any relevant conflicts of interest? Yes No

ADD

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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Prof Wright 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) Kate

2. Surname (Last Name) Brain

3. Date 06-April-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name Lynda Wyld

5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it) _____

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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Are there any relevant conflicts of interest? Yes No

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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. Brain 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) Kwok-Leung

2. Surname (Last Name) Cheung

3. Date 09-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Lynda Wyld

5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it) _____

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Are there any relevant conflicts of interest? Yes No

ADD

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Are there any relevant conflicts of interest? Yes No

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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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Professor Cheung has nothing to disclose.

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4. Intellectual Property.

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

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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) Karen	2. Surname (Last Name) Collins	3. Date 25-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lynda Wyld
5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women		
6. Manuscript Identifying Number (if you know it) _____		

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

ADD

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

ADD

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

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Generate Disclosure Statement

Dr. Collins 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)

kieran

2. Surname (Last Name)

horgan

3. Date

10-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lynda Wyld

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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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

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Dr. horgan 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) Kate

2. Surname (Last Name) Lifford

3. Date 09-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Lynda Wyld

5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it) _____

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
National Institute for Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X ADD

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

ADD

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

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Generate Disclosure Statement

Dr. Lifford reports grants from National Institute for Health Research, during the conduct of the study; .

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)

Kirsty

2. Surname (Last Name)

Pemberton

3. Date

13-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lynda Wyld

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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

ADD

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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Generate Disclosure Statement

Ms. Pemberton 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)

Lynda

2. Surname (Last Name)

Wyld

3. Date

31-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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Membership of the Surgery Themed Call Board 03/10/12 - 13/03/13

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Dr. Wyld reports Membership of the Surgery Themed Call Board 03/10/12 - 13/03/13 .

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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) 2. Surname (Last Name) 3. Date

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIHR Programme grant for applied research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant reference RP-PG-1209-10071	<input checked="" type="checkbox"/>

ADD

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

ADD

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?

- 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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Section 6. Disclosure Statement

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Generate Disclosure Statement

Mr. Bradburn reports grants from NIHR Programme grant for applied research during the conduct of the study .

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) Maria	2. Surname (Last Name) Burton	3. Date 13-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lynda Wyld
5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women		
6. Manuscript Identifying Number (if you know it) _____		

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Are there any relevant conflicts of interest? Yes No

ADD

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Are there any relevant conflicts of interest? Yes No

ADD

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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Generate Disclosure Statement

Dr. Burton 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)
MARGOT

2. Surname (Last Name)
GOSNEY

3. Date
18-May-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Lynda Wyld

5. Manuscript Title
Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)
RP-PG-1209-10071

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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HTA EESC panel 1/11/13-31/5/18.
HTA prioritisation committee A 01/11/13-28/2/19

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Section 6. Disclosure Statement

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Generate Disclosure Statement

Dr. GOSNEY reports and HTA EESC panel 1/11/13-31/5/18.
HTA prioritisation committee A 01/11/13-28/2/19.

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) matthew	2. Surname (Last Name) hatton	3. Date 07-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lynda Wyld
5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

ADD

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Are there any relevant conflicts of interest? Yes No

ADD

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

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Generate Disclosure Statement

Dr. hatton 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) Malcolm

2. Surname (Last Name) Reed

3. Date 26-August-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Lynda Wyld

5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it) _____

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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

ADD

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Generate Disclosure Statement

Dr. Reed 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) Matthew 2. Surname (Last Name) Winter 3. Date 13-April-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lynda Wyld

5. Manuscript Title
Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Easai	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		×
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		×
Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		×
Genomic Health / Exact Sciences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		×
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		×
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		×
						ADD

ICMJE Form for Disclosure of Potential Conflicts of Interest

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- Yes, the following relationships/conditions/circumstances are present (explain below):
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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.

Generate Disclosure Statement

Dr. Winter reports personal fees and non-financial support from Eisai, personal fees from Pfizer, personal fees and non-financial support from Lilly, personal fees from Genomic Health / Exact Sciences, personal fees from Novartis, personal fees and non-financial support from Roche, outside the submitted work; .

Evaluation and Feedback

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4. Intellectual Property.

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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) Nicolo Matteo Luca

2. Surname (Last Name) Battisti

3. Date 09-February-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Lynda Wyld

5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it) _____

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

ADD

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	
Genomic Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel grant	X
Pfizer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel grant; speaker fees	X

ADD

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

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Dr. Battisti reports grants from Genomic Health, grants and personal fees from Pfizer, 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) Paul	2. Surname (Last Name) Richards	3. Date 13-April-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lynda Wyld
5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women		
6. Manuscript Identifying Number (if you know it) _____		

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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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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Mr Richards 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)

Riccardo A.

2. Surname (Last Name)

Audisio

3. Date

07-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lynda Wyld

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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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Are there any relevant conflicts of interest? Yes No

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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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i declare no conflict of interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Rishi

2. Surname (Last Name)

Parmeshwar

3. Date

13-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lynda Wyld

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Generate Disclosure Statement

Dr. Parmeshwar 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)

Richard

2. Surname (Last Name)

Simcock

3. Date

04-July-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lynda Wyld

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

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Dr. Simcock has nothing to disclose.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIHR PGfAR					The research was funded by the NIHR PGfAR	X
						ADD

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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Other research grants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The department that I work at (SchARR, University of Sheffield) has contracts and/or research grants with the Department of Health, NIHR, MRC and NICE. I am a co-applicant or co-investigator on several NIHR portfolio grants (HTA, RfPB, PHR; EME) and grants from the MRC. I am NIHR Senior Investigator and funded by the NIHR.	×
Book Royalties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Book royalties from Wiley and Blackwell	×
NIHR Senior Investigator Award	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		×
						ADD

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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Section 6. Disclosure Statement

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Dr. Walters reports grants from Other research grants, personal fees from Book Royalties, grants from NIHR Senior Investigator Award, 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)

Sue

2. Surname (Last Name)

Ward

3. Date

16-April-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lynda Wyld

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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

ADD

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. Ward 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) Timothy	2. Surname (Last Name) Chater	3. Date 26-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lynda Wyld
5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women		
6. Manuscript Identifying Number (if you know it) _____		

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

ADD

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Are there any relevant conflicts of interest? Yes No

ADD

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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Tim Chater 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)

Tracy

2. Surname (Last Name)

Green

3. Date

07-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lynda Wyld

5. Manuscript Title

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it)

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Dr. Green 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) Thompson

2. Surname (Last Name) Robinson

3. Date 07-September-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Lynda Wyld

5. Manuscript Title Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

6. Manuscript Identifying Number (if you know it) 0000-0003-2144-2468

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NIHR Senior Investigator

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Dr. Robinson reports and NIHR Senior Investigator.

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