

ICMJE DISCLOSURE FORM

Date: 9/27/2023

Your Name: Professor Paul Tappenden

Manuscript Title: Tumour profiling tests to guide adjuvant chemotherapy decisions in lymph node positive early breast cancer: A systematic review and economic evaluation

Manuscript Number (if known): Not known

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 9/27/2023

Your Name: Katy Cooper

Manuscript Title: Tumour profiling tests to guide adjuvant chemotherapy decisions in lymph node positive early breast cancer: A systematic review and economic evaluation

Manuscript Number (if known): Not known

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Date: 9/27/2023

Your Name: Dr Jean Hamilton

Manuscript Title: Tumour profiling tests to guide adjuvant chemotherapy decisions in lymph node positive early breast cancer: A systematic review and economic evaluation

Manuscript Number (if known): Not known

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ICMJE DISCLOSURE FORM

Date: 9/28/2023

Your Name: Gamze Nalbant

Manuscript Title: Tumour profiling tests to guide adjuvant chemotherapy decisions in lymph node positive early breast cancer: A systematic review and economic evaluation

Manuscript Number (if known): Not known

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 9/28/2023

Your Name: Munira Essat

Manuscript Title: Tumour profiling tests to guide adjuvant chemotherapy decisions in lymph node positive early breast cancer: A systematic review and economic evaluation

Manuscript Number (if known): Not known

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/10/2023

Your Name: Annabel Rayner

Manuscript Title: Tumour profiling tests to guide adjuvant chemotherapy decisions in lymph node positive early breast cancer: A systematic review and economic evaluation

Manuscript Number (if known): Not known

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 9/28/2023

Your Name: Ruth Wong

Manuscript Title: Tumour profiling tests to guide adjuvant chemotherapy decisions in lymph node positive early breast cancer: A systematic review and economic evaluation

Manuscript Number (if known): Not known

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 9/30/2023

Your Name: Dr Nicolò Matteo Luca Battisti

Manuscript Title: Tumour profiling tests to guide adjuvant chemotherapy decisions in lymph node positive early breast cancer: A systematic review and economic evaluation

Manuscript Number (if known): Not known

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 9/27/2023

Your Name: Lynda Wyld

Manuscript Title: Tumour profiling tests to guide adjuvant chemotherapy decisions in lymph node positive early breast cancer: A systematic review and economic evaluation

Manuscript Number (if known): Not known

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Department of Health and Social Care</td> <td style="width: 50%; padding: 2px;">This report was commissioned by the National Institute for Health Research (NIHR) Evidence Synthesis Programme as project number NIHR135822</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Department of Health and Social Care	This report was commissioned by the National Institute for Health Research (NIHR) Evidence Synthesis Programme as project number NIHR135822			Click the tab key to add additional rows.	
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> Trustee of the association for breast surgery, member of the HTA surgery board, 2013 to 2023 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;">Unpaid</td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Unpaid								
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ICMJE DISCLOSURE FORM

Date: 9/27/2023

Your Name: Uzma Asghar

Manuscript Title: Tumour profiling tests to guide adjuvant chemotherapy decisions in lymph node positive early breast cancer: A systematic review and economic evaluation

Manuscript Number (if known): Not known

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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