ICMJE DISCLOSURE FORM

Date: 6/4/2026

Your Name: Patrick D. Rädler

Manuscript Title: Molecular Evaluation of Residual Disease Following Neoadjuvant Chemotherapy in Triple Negative Breast Cancer CALGB 40603 (Alliance)

Manuscript Number (if known): 205962-JCI-CRPH-1

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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		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.**	☐ None	
		Susan G. Komen SAC-160074	Payments to PDR
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		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)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		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)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 6/4/2026

Your Name: Brooke M. Felsheim

Manuscript Title: Molecular Evaluation of Residual Disease Following Neoadjuvant Chemotherapy in Triple Negative Breast Cancer CALGB 40603 (Alliance)

Manuscript Number (if known): 205962-JCI-CRPH-1

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7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 6/4/2026

Your Name: Aranzazu Fernandez-Martinez

Manuscript Title: Molecular Evaluation of Residual Disease Following Neoadjuvant Chemotherapy in Triple Negative Breast Cancer CALGB 40603 (Alliance)

Manuscript Number (if known): 205962-JCI-CRPH-1

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Date: 6/4/2026

Your Name: Adam D. Pfefferle

Manuscript Title: Molecular Evaluation of Residual Disease Following Neoadjuvant Chemotherapy in Triple Negative Breast Cancer CALGB 40603 (Alliance)

Manuscript Number (if known): 205962-JCI-CRPH-1

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ICMJE DISCLOSURE FORM

Date: 6/4/2026

Your Name: Michele C. Hayward

Manuscript Title: Molecular Evaluation of Residual Disease Following Neoadjuvant Chemotherapy in Triple Negative Breast Cancer CALGB 40603 (Alliance)

Manuscript Number (if known): 205962-JCI-CRPH-1

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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 6/4/2026

Your Name: Baljit Singh

Manuscript Title: Molecular Evaluation of Residual Disease Following Neoadjuvant Chemotherapy in Triple Negative Breast Cancer CALGB 40603 (Alliance)

Manuscript Number (if known): 205962-JCI-CRPH-1

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		AstraZeneca	BS is a member of the Speakers Bureau
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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Date: 6/4/2026

Your Name: William Sikov

Manuscript Title: Molecular Evaluation of Residual Disease Following Neoadjuvant Chemotherapy in Triple Negative Breast Cancer CALGB 40603 (Alliance)

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8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		AbbVie	WMS is an unpaid member of the steering committee

		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)
11	Stock or stock options	☒ **None**	
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Date: 6/4/2026

Your Name: Lisa A. Carey

Manuscript Title: Molecular Evaluation of Residual Disease Following Neoadjuvant Chemotherapy in Triple Negative Breast Cancer CALGB 40603 (Alliance)

Manuscript Number (if known): 205962-JCI-CRPH-1

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Date: 6/4/2026

Your Name: Charles M. Perou

Manuscript Title: Molecular Evaluation of Residual Disease Following Neoadjuvant Chemotherapy in Triple Negative Breast Cancer CALGB 40603 (Alliance)

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<table>
<tr><th colspan="2"></th><th>Name all entities with whom you have this relationship or indicate none (add rows as needed)</th><th>Specifications/Comments (e.g., if payments were made to you or to your institution)</th></tr>
<tr><td colspan="4">Time frame: Since the initial planning of the work</td></tr>
<tr><td>1</td><td>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.</td><td colspan="2">☐ None
<table><tr><td>National Cancer Institute U10CA180821</td><td>Payments to Alliance for Clinical Trials in Oncology</td></tr><tr><td>National Cancer Institute U24CA176171</td><td>Payments to Alliance for Clinical Trials in Oncology</td></tr><tr><td>National Cancer Institute UG1CA233373</td><td>Payments to Alliance for Clinical Trials in Oncology</td></tr><tr><td>National Cancer Institute Breast SPORE program P50-CA058223</td><td>Payments to CMP</td></tr><tr><td>National Cancer Institute R01-CA229409</td><td>Payments to CMP</td></tr><tr><td>Susan G. Komen SAC-160074</td><td>Payments to CMP</td></tr><tr><td>Breast Cancer Research Foundation BCRF-23-127</td><td>Payments to CMP</td></tr><tr><td>UNC LCCC Triple Negative Breast Cancer Center</td><td>Payments to CMP</td></tr></table></td></tr>
<tr><td colspan="4">Time frame: past 36 months</td></tr>
<tr><td>2</td><td>Grants or contracts from any entity (if not indicated in item #1 above).</td><td colspan="2">☒ None
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3	Royalties or licenses	☐ **None**	
		Bioclassifier LLC, Royalties from Prosigna	Payments to Bioclassifier
4	Consulting fees	☐ **None**	
		Bioclassifier LLC	Payments to CMP
		GeneCentric Therapeutics	Payments to CMP
		Reveal Genomics	Payments to CMP
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☐ **None**	
		U.S. Patent No. 12/995,450	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board,	☐ **None**	
		GeneCentric Therapeutics	Board of Directors Member (CMP)

		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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	☐ **None**	
		Bioclassifier LLC	Equity ownership (CMP)
		GeneCentric Therapeutics	Equity ownership (CMP)
		Reveal Genomics	Equity ownership (CMP)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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