ICMJE Form for Disclosure of Potential Conflicts of Interest

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".
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## Identifying Information

1. Given Name (First Name)  
   VERONICA

2. Surname (Last Name)  
   GONZALEZ-VIDAL

3. Date  
   25-April-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Ductal Carcinoma In Situ and Sentinel Lymph Node Biopsy: Upgrading versus Overtreatment

6. Manuscript Identifying Number (if you know it)  
   ABS-20-24

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   No

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Are there any relevant conflicts of interest?  
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Dr. GONZALEZ-VIDAL has nothing to disclose.

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# Identifying Information

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

2. **Surname (Last Name)**
   
   MERCK-NAVARRO

3. **Date**
   
   03-May-2020

4. **Are you the corresponding author?**
   
   □ Yes  ☑ No

   **Corresponding Author's Name**
   
   Verónica González-Vidal

5. **Manuscript Title**
   
   Ductal Carcinoma In Situ and Sentinel Lymph Node Biopsy: Upgrading versus Overtreatment

6. **Manuscript Identifying Number (if you know it)**
   
   ABS-20-24

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# The Work Under Consideration for Publication

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**Are there any relevant conflicts of interest?**  □ Yes  ☑ No

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# 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. MERCK-NAVARRO has nothing to disclose.

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MARTÍNEZ-RAMOS
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   DAVID

2. Surname (Last Name)  
   MARTÍNEZ-RAMOS

3. Date  
   03-May-2020

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

   Corresponding Author’s Name  
   Verónica González-Vidal

5. Manuscript Title  
   Ductal Carcinoma In Situ and Sentinel Lymph Node Biopsy

6. Manuscript Identifying Number (if you know it)  
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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

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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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. MARTÍNEZ-RAMOS 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)  Antonio
2. Surname (Last Name)  Barrasa-Shaw
3. Date  25-April-2020
4. Are you the corresponding author?  No
5. Manuscript Title  Ductal Carcinoma in Situ and Sentinel Lymph Node Biopsy: Upgrading versus Overtreatment
6. Manuscript Identifying Number (if you know it)  ABS-20-24

Section 2. The Work Under Consideration for Publication

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Dr. Barrasa-Shaw has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Luis

2. Surname (Last Name)  
Larrea-Rabassa

3. Date  
26-April-2020

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

Corresponding Author's Name  
Verónica González-Vidal

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Larrea-Rabassa
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Dr. Larrea-Rabassa has nothing to disclose.

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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.
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1. Given Name (First Name)  
Mateo  
2. Surname (Last Name)  
Perez-Martinez  
3. Date  
25-April-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author's Name  
Verónica González-Vidal

5. Manuscript Title  
Ductal Carcinoma In Situ and Sentinel Lymph Node Biopsy: Upgrading versus Overtreatment

6. Manuscript Identifying Number (if you know it)  
ABS-20-24

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Dr. Perez-Martinez has nothing to disclose.

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