



Conflict of Interest Disclosure Form:

Update: #1

Because CME activities are conducted in the public interest, it is important to assure the public that education received by physicians and other health care professionals is conducted with the highest integrity and scientific objectivity, and in the absence of bias. A conflict of interest exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the product or services of that commercial interest. The Accreditation Council for Continuing Medical Education (ACCME) holds providers of CME responsible for collecting information from all authors, planners, and reviewers of CME content and resolving any conflicts prior to the commencement of the CME activity. *The Oncologist* has the utmost faith in the integrity of the individuals who present educational activities. However, to avoid the appearance of any conflict of interest, and to comply with the ACCME Standards for Commercial Support, the following form has been adopted to identify and resolve any potential conflicts of interest.

CRITERIA FOR DISCLOSURE OF CONFLICTS OF INTEREST: All persons who affect the content of a CME activity are required to disclose financial relationships or relationships to products or devices they have with commercial interests associated with this CME activity **of any amount over the past 12 months**. A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Relationships with governmental agencies (e.g., the NIH), do not have to be disclosed. In addition, honoraria (or fee-for-service) or consulting funds **from a CME provider** do not need to be disclosed. **In addition to personal disclosure, you must disclose financial relationships your spouse or life partner has with applicable commercial interests. A spouse or life partner's disclosure information should be included with your disclosure information in the table below (and specified accordingly).**

In accordance with ACCME requirements, **failure to provide disclosure information in an accurate and/or timely manner will result in your disqualification from this activity.**

Information Given

Your Name: Mr. Anthony M Altemara

Your anthony@altamara.it.com

Email: antony@antemart.com

Manuscript Title: Breastfeeding and Rates of Type-A Cancer in Post-Menopausal Women

You are completing this in your role as a(n): Corresponding Author

Please complete ALL the fields below.

Does the article discuss unlabeled, investigational, or alternative use(s) of a product, device, or technique? <input checked="" type="radio"/> Yes <input type="radio"/> No		If "Yes", please explain below: <div>asdasdf</div>
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Have you and/or your spouse/life partner had any of the following Financial or Corporate Relationships (WITHIN THE LAST 12 MONTHS)?

If "Yes", please specify your interest(s) WITHIN THE PAST 12 MONTHS:	
Employment / Leadership Position?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Intellectual Property Rights / Patent Holder?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Consultant / Advisory Role?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Honoraria Received Directly from Commercial Interest or Their Agents (e.g., speakers' bureaus)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Research Funding / Contracted Research?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Ownership Interest (stocks, stock options, or other	<input type="radio"/>

ownership interest excluding diversified mutual funds)? ☒ No
☐ Yes
Expert Testimony? Yes
☒ No
☐ Yes
Other? Yes
☒ No

I certify that neither I, nor my spouse/life-partner, have any real nor apparent conflicts of interest to report: ☐ Yes ☒ No

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