

ICMJE DISCLOSURE FORM

Date: 8/20/2025

Your Name: David D. Gutterman

Manuscript Title: **Characterization of anti-cancer therapy-induced microvascular dysfunction in breast cancer patients with proof-of-concept of targeted intervention**

Manuscript Number (if known): 194316-INS-CRPH-RV-3

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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: 8/18/2025

Your Name: Andreas M. Beyer

Manuscript Title: **Characterization of anti-cancer therapy-induced microvascular dysfunction in breast cancer patients with proof-of-concept of targeted intervention**

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ICMJE DISCLOSURE FORM

Date: 8/18/2025

Your Name: Ibrahim Vazirabad

Manuscript Title: **Characterization of anti-cancer therapy-induced microvascular dysfunction in breast cancer patients with proof-of-concept of targeted intervention**

Manuscript Number (if known): 194316-INS-CRPH-RV-3

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Date: 8/18/2021

Your Name: Janée D. Terwoord

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Date: 8/23/2025

Your Name: Gillian Murtagh

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input 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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11	Stock or stock options	<input type="checkbox"/> None Abbott Laboratories 	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None 	
13	Other financial or non-financial interests	<input 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: 8/18/2025

Your Name: Laura E. Norwood Toro

Manuscript Title: **Characterization of anti-cancer therapy-induced microvascular dysfunction in breast cancer patients with proof-of-concept of targeted intervention**

Manuscript Number (if known): 194316-INS-CRPH-RV-3

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: 8/18/2021

Your Name: Stephen T. Hammond

Manuscript Title: **Characterization of anti-cancer therapy-induced microvascular dysfunction in breast cancer patients with proof-of-concept of targeted intervention**

Manuscript Number (if known): 194316-INS-CRPH-RV-3

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: 8/18/2025

Your Name: Ziqing Liu

Manuscript Title: **Characterization of anti-cancer therapy-induced microvascular dysfunction in breast cancer patients with proof-of-concept of targeted intervention**

Manuscript Number (if known): 194316-INS-CRPH-RV-3

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: 8/19/2025

Your Name: Amanda Kong, MD

Manuscript Title: **Characterization of anti-cancer therapy-induced microvascular dysfunction in breast cancer patients with proof-of-concept of targeted intervention**

Manuscript Number (if known): 194316-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 9/23/2025

Your Name: Jasmine Linn

Manuscript Title: **Characterization of anti-cancer therapy-induced microvascular dysfunction in breast cancer patients with proof-of-concept of targeted intervention**

Manuscript Number (if known): 194316-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 9/22/2025

Your Name: Shelby N Hader

Manuscript Title: **Characterization of anti-cancer therapy-induced microvascular dysfunction in breast cancer patients with proof-of-concept of targeted intervention**

Manuscript Number (if known): 194316-INS-CRPH-RV-3

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.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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.

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ICMJE DISCLOSURE FORM

Date: 9/23/2025

Your Name: Riikka Kivelä

Manuscript Title: **Characterization of anti-cancer therapy-induced microvascular dysfunction in breast cancer patients with proof-of-concept of targeted intervention**

Manuscript Number (if known): 194316-INS-CRPH-RV-3

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		Jenny and Antti Wihuri Foundation	Research material costs (to the institution)
		Click the tab key to add additional rows.	
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		Research Council of Finland	To the institution
		Sigrid Juselius Foundation	To the institution
		Finnish Cardiovascular Research Foundation	To the institution

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