

## ICMJE DISCLOSURE FORM

Date: 08 / 03 / 2022  
 Your Name: Steffen Pauws  
 Manuscript Title: COMMUNICATIE VAN GEPERSONALISEERDE GEZONDHEIDSINFORMATIE: KANSEN EN RISICO  
 Manuscript number (if 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 following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	_____ NWO project Helping cancer patients to choose the best treatment: Data-driven shared decision making on cancer treatment for individual patients  DATA2PERSON Big Data & Health  628.011.030	We received funding for two PhDs to work on this topic

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	
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	___ Patent application on DISPLAYING RISK SCORE (see also <a href="https://data.epo.org/publication-server/document?iDocId=6763805&amp;iFormat=0">https://data.epo.org/publication-server/document?iDocId=6763805&amp;iFormat=0</a> )	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ Member of Advisory Board of PROFILES (IKNL)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	

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	

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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.