

ICMJE DISCLOSURE FORM

Date: 12/17/2024

Your Name: Niels Kroman

Manuscript Title: Surgical Overtreatment of Breast Fibroadenomas

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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Date: 03.12.24

Your Name: Nethe Malik Eichen

Manuscript Title: Surgical Overtreatment of Breast Fibroadenomas.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 12/20/2024

Your Name: Cecilie Jansen

Manuscript Title: Surgical Overtreatment of Breast Fibroadenomas

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 3/9/2025

Your Name: Tove Holst Filtenborg Tvedskov

Manuscript Title: Surgical Overtreatment of Breast Fibroadenomas.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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