

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Jing

2. Surname (Last Name)

Xiang

3. Date

28-June-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Youlin Tuo, Yun Wang

5. Manuscript Title

Effect of breast-conserving surgery combined with sentinel lymph node biopsy and axillary preservation on the recurrence, metastasis, complications and cosmetic results of early breast cancer patients

6. Manuscript Identifying Number (if you know it)

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Dr. Xiang 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) Shiqin	2. Surname (Last Name) Huang	3. Date 28-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Youlin Tuo, Yun Wang
5. Manuscript Title Effect of breast-conserving surgery combined with sentinel lymph node biopsy and axillary preservation on the recurrence, metastasis, complications and cosmetic results of early breast cancer patients		
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Dr. Huang has nothing to disclose.

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Youlin

2. Surname (Last Name)
Tuo

3. Date
28-June-2020

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Yun

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Wang

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28-June-2020

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☐ No

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