

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Wei	2. Surname (Last Name) Wei	3. Date 13-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoshuan Liang and Yongdong Jiang
5. Manuscript Title Fibroblast Growth Factor Receptor 4 as A Prognostic Indicator in Triple-Negative Breast Cancer		
6. Manuscript Identifying Number (if you know it) TCR-20-1756-R3		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Wei has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Shiyu	2. Surname (Last Name) Cao	3. Date 12-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoshuan Liang and Yongdong Jiang
5. Manuscript Title Fibroblast Growth Factor Receptor 4 as A Prognostic Indicator in Triple-Negative Breast Cancer		
6. Manuscript Identifying Number (if you know it) TCR-20-1756-R3		

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jing	2. Surname (Last Name) Liu	3. Date 10-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoshuan Liang and Yongdong Jiang
5. Manuscript Title Fibroblast Growth Factor Receptor 4 as A Prognostic Indicator in Triple-Negative Breast Cancer		
6. Manuscript Identifying Number (if you know it) TCR-20-1756-R3		

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Dr. Liu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Yuhang

2. Surname (Last Name)  
Wang

3. Date  
13-September-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Xiaoshuan Liang and Yongdong Jiang

5. Manuscript Title  
Fibroblast Growth Factor Receptor 4 as A Prognostic Indicator in Triple-Negative Breast Cancer

6. Manuscript Identifying Number (if you know it)  
TCR-20-1756-R3

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Dr. Wang has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Quanfu

2. Surname (Last Name)  
Song

3. Date  
08-September-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Xiaoshuan Liang and Yongdong Jiang

5. Manuscript Title  
Fibroblast Growth Factor Receptor 4 as A Prognostic Indicator in Triple-Negative Breast Cancer

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Leha	2. Surname (Last Name) A	3. Date 10-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoshuan Liang and Yongdong Jiang
5. Manuscript Title Fibroblast Growth Factor Receptor 4 as A Prognostic Indicator in Triple-Negative Breast Cancer		
6. Manuscript Identifying Number (if you know it) TCR-20-1756-R3		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. A 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)  
Shanshan

2. Surname (Last Name)  
Sun

3. Date  
11-September-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Xiaoshuan Liang and Yongdong Jiang

5. Manuscript Title  
Fibroblast Growth Factor Receptor 4 as A Prognostic Indicator in Triple-Negative Breast Cancer

6. Manuscript Identifying Number (if you know it)  
TCR-20-1756-R3

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Sun has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xianyu	2. Surname (Last Name) Zhang	3. Date 12-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoshuan Liang and Yongdong Jiang
5. Manuscript Title Fibroblast Growth Factor Receptor 4 as A Prognostic Indicator in Triple-Negative Breast Cancer		
6. Manuscript Identifying Number (if you know it) TCR-20-1756-R3		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Xiaoshuan

2. Surname (Last Name)  
Liang

3. Date  
11-September-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Fibroblast Growth Factor Receptor 4 as A Prognostic Indicator in Triple-Negative Breast Cancer

6. Manuscript Identifying Number (if you know it)  
TCR-20-1756-R3

### Section 2. The Work Under Consideration for Publication

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Dr. Liang has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Yongdong

2. Surname (Last Name)

Jiang

3. Date

10-September-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Fibroblast Growth Factor Receptor 4 as A Prognostic Indicator in Triple-Negative Breast Cancer

6. Manuscript Identifying Number (if you know it)

TCR-20-1756-R3

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Are there any relevant conflicts of interest?  Yes  No

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