Date:	2022/11/04	
Your Name:	Zhi Li	
Manuscript Title:	Establishment	and verification of a nomogram to predict tumor-specific mortality risk in triple-
negative breast can	cer: a competing	risk model based on the SEER cohort study
Manuscript number	(if known):	
•		

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detects alonged issued as	V None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement:

Date:	2022/11/04	
Your Name:	Yun Shi	
		nomogram to predict tumor-specific mortality risk in triple-
negative breast ca	ncer: a competing risk model based or	n the SEER cohort study
Manuscript number	er (if known):	<del></del>
related to the cont parties whose inte to transparency ar	ent of your manuscript. "Related" me rests may be affected by the content	I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a poso.
The following quest manuscript only.	stions apply to the author's relationsh	ips/activities/interests as they relate to the current
to the epidemiolog		defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	report all support for the work reported disclosure is the past 36 months.	ed in this manuscript without time limit. For all other items,
	Name all entities with	Specifications/Comments
	whom you have this	(e.g., if payments were made to you or to your
	relationship or indicate	institution)
	none (add rows as	
	needed)	

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		Time frame: Since the initial	planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detects alonged issued as	V None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement:

Date:	2022/11/04	
Your Name:	Lihua Wu	
negative breast car	 ncer: a competing risl	d verification of a nomogram to predict tumor-specific mortality risk in triple- c model based on the SEER cohort study
ivianuscript numbe	r (ii kiiowii)	
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		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)
	_	Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	The time limit for this term.		
		Time frame: past	36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detects alonged issued as	V None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
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Please place an "X" next to the following statement to indicate your agreement:

Date:2	022/11/04				
Your Name:	_ Hua Zhang				
Manuscript Title:Es	Manuscript Title:Establishment and verification of a nomogram to predict tumor-specific mortality risk in triple-				
	a competing risk model based on				
Manuscript number (if k	xnown):				
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related to the content o	f your manuscript. "Related" mea	ans any relation with for-profit or not-for-profit third			
•	•	f the manuscript. Disclosure represents a commitment			
•		If you are in doubt about whether to list a			
relationship/activity/int	erest, it is preferable that you do	SO.			
The following questions manuscript only.	apply to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>			
The author's relationshi	ns/activities/interests should be	defined broadly. For example, if your manuscript pertains			
	-	all relationships with manufacturers of antihypertensive			
,	medication is not mentioned in t	•			
·		·			
In item #1 below, report	t all support for the work reporte	d in this manuscript without time limit. For all other items,			
the time frame for discle	osure is the past 36 months.				
	Name all entities with	Specifications/Comments			
	whom you have this	(e.g., if payments were made to you or to your			
	relationship or indicate	institution)			
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Time frame: past 36 months

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No time limit for this item.

Grants or contracts from any entity (if not indicated

in item #1 above).

Consulting fees

Royalties or licenses

2

3

4

X\_\_None

X\_None

X\_None

X\_\_None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detects alonged issued as	V None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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Date:	2022/11/04	
Your Name:	Jiapeng Xue_	
negative breast	cancer: a competing risk	verification of a nomogram to predict tumor-specific mortality risk in triple model based on the SEER cohort study
Manuscript nur	mber (if known):	
	• • • • • • • • • • • • • • • • • • • •	ou to disclose all relationships/activities/interests listed below that are

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detects alonged issued as	V None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
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Date:	_2022/11/04
Your Name:	Wenfang Li
Manuscript Title:	_Establishment and verification of a nomogram to predict tumor-specific mortality risk in triple-
negative breast cand	er: a competing risk model based on the SEER cohort study
Manuscript number	(if known):

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1	All support for the present	XNone	
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detects alonged issued as	V None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
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	services		
13	Other financial or non-	XNone	
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Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/04	
Your Name:	Xixi Wang	
Manuscript Title:	_Establishment and verification of a nomogram to predict tumor-speci	fic mortality risk in triple-
negative breast cand	er: a competing risk model based on the SEER cohort study	
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detects alonged issued as	V None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
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Date:	2022/11/04
Your Name:	Ligen Zhang
Manuscript Title:	Establishment and verification of a nomogram to predict tumor-specific mortality risk in triple-
negative breast can	cer: a competing risk model based on the SEER cohort study
Manuscript number	r (if known):

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	_	Time frame: Since the initial	planning of the work
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	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)  No time limit for this item.		
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2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detects alonged issued as	V None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement:

Date:	2022/11/04	
Your Name:	Qun Wang	
Manuscript Title:		rification of a nomogram to predict tumor-specific mortality risk in triple-
negative breast can	er: a competing risk me	odel based on the SEER cohort study
Manuscript number	(if known):	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detects alonged issued as	V None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement:

Date:	2022/11/04	
Your Name:	Long Duo_	
Manuscript Title:	Establishment a	nd verification of a nomogram to predict tumor-specific mortality risk in triple-
negative breast can	cer: a competing r	isk model based on the SEER cohort study
Manuscript number	r (if known):	
2	-	

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2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detects alonged issued as	V None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/04
Your Name:	Minghua Wang
Manuscript Title:	_Establishment and verification of a nomogram to predict tumor-specific mortality risk in triple-
negative breast cance	er: a competing risk model based on the SEER cohort study
Manuscript number (	(if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detects alonged issued as	V None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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Date:	2022/11/04	
Your Name:	Geng Wang	
Manuscript Title:	_Establishment and verification of	a nomogram to predict tumor-specific mortality risk in triple
negative breast cand	er: a competing risk model based o	on the SEER cohort study
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.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work
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3	Royalties or licenses	XNone	
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
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6	Payment for expert	XNone	
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7	Support for attending	XNone	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
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11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
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