| Date: | 2022-7-25 |
|---|---|
| Your Name: | Yufan Wei |
| Manuscript Title: | Predicting recurrence-free survival of phyllodes tumor of the breast: a nomogram based on |
| clinicopathology fea | tures, treatment and surgical margin. |
| Manuscript number | (if known): |
| related to the conte parties whose inter | Insparency, we ask you to disclose all relationships/activities/interests listed below that are nt of your manuscript. "Related" means any relation with for-profit or not-for-profit third ests may be affected by the content of the manuscript. Disclosure represents a commitment does not necessarily indicate a bias. If you are in doubt about whether to list a |
| • • | //interest, it is preferable that you do so. |

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 | _√None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | √None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | $_{	extstyle 	extstyle \textstyle \textst$ | |
| | | | |
| | | | |
| 4 | Consulting fees | √None | |
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| 5 | Payment or honoraria for | √None | |
|-----|---|-----------------------------|---------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | _√None | |
| | testimony | | |
| | | _ | |
| 7 | Support for attending meetings and/or travel | √None | |
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| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| 0 | Doubleinstien en a Data | Γ Ν | |
| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | √ None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _√None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| | rase summarize the above of the state of interest to | | ollowing box: |
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Date:_______2022-7-25_____

| 10 | ur Name: | Yong | jing Dai | | | |
|-----------------|--|---|---|----|--|--|
| Ma | Manuscript Title: Predicting recurrence-free survival of phyllodes tumor of the breast: a nomogram based on | | | | | |
| <u>cliı</u> | clinicopathology features, treatment and surgical margin. | | | | | |
| Ma | Manuscript number (if known): | | | | | |
| rel pa to | 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. | | | | | |
| | e following questions apply inuscript only. | to the author's relationshi | ps/activities/interests as they relate to the <u>current</u> | | | |
| to me | The author's relationships/activities/interests should be <u>defined broadly</u> . 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. | | | | | |
| | e time frame for disclosure is | s the past 36 months. | | -, | | |
| | e time frame for disclosure is | 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) | -, | | |
| | e time frame for disclosure is | Name all entities with whom you have this relationship or indicate none (add rows as | (e.g., if payments were made to you or to your institution) | -, | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | Name all entities with whom you have this relationship or indicate none (add rows as needed) | (e.g., if payments were made to you or to your institution) | -, | | |
| | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None | (e.g., if payments were made to you or to your institution) planning of the work | , | | |
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| | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None | (e.g., if payments were made to you or to your institution) planning of the work | -, | | |
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4

Consulting fees

__√__None

| 5 | Payment or honoraria for | √None | |
|-----|---|-----------------------------|---------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | _√None | |
| | testimony | | |
| | | _ | |
| 7 | Support for attending meetings and/or travel | √None | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
| 0 | Doubleinstien en a Data | Γ Ν | |
| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | √ None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _√None | |
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| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| | TOTAL PROGRAMME | | | | | |
|-------------------|--|--|--|--|--|--|
| Dat | te:2022-12-1 | | | | | |
| You | ur Name:Qingyu Guan | | | | | |
| Ma | nuscript Title: Predicting recurrence-free survival of phyllodes tumor of the breast: a nomogram based on | | | | | |
| | clinicopathology features, treatment and surgical margin. | | | | | |
| | nuscript number (if known): | | | | | |
| rela par to | the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third rties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ationship/activity/interest, it is preferable that you do so. | | | | | |
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| to t | e author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive dication, even if that medication is not mentioned in the manuscript. | | | | | |
| | tem #1 below, report all support for the work reported in this manuscript without time limit. For all other items, time frame for disclosure 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 | | | | | |

| | | 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) |
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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | Time frame: Since the initial | |
| | | 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 | √None | |
|-----|---|-----------------------------|---------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | _√None | |
| | testimony | | |
| | | _ | |
| 7 | Support for attending meetings and/or travel | √None | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
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| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | √ None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _√None | |
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| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
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| | TOTAL DISCLOSURE FORM |
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| Date: | 2022-7-25 |
| Your Name: | Ningning Min |
| Manuscript Title: | Predicting recurrence-free survival of phyllodes tumor of the breast: a nomogram based on |
| clinicopathology | eatures, treatment and surgical margin. |
| Manuscript numb | er (if known): |
| related to the cor parties whose int to transparency a relationship/activ | ransparency, we ask you to disclose all relationships/activities/interests listed below that are ent of your manuscript. "Related" means any relation with for-profit or not-for-profit third rests may be affected by the content of the manuscript. Disclosure represents a commitment d does not necessarily indicate a bias. If you are in doubt about whether to list a ty/interest, it is preferable that you do so. |
| manuscript only. | |
| to the epidemiolo | onships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains by of hypertension, you should declare all relationships with manufacturers of antihypertensive f that medication is not mentioned in the manuscript. |
| | eport all support for the work reported in this manuscript without time limit. For all other items, disclosure is the past 36 months. |
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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) |
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| | | 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 | √None | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | _√None | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | √None | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
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| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | √ None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _√None | |
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| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
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| ast: a nomogram based on |
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| erests listed below that are ofit or not-for-profit third e represents a commitment |
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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a

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| | | 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, | √None | |
|-----|---|-----------------------------|---------------|
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | _√None | |
| | testimony | | |
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| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | √ None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _√None | |
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| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| Date: | 2022-7-25 |
|--|--|
| Your Name: | Huayu Hu |
| Manuscript Title: | Predicting recurrence-free survival of phyllodes tumor of the breast: a nomogram based on |
| <u>clinicopathology</u> | features, treatment and surgical margin |
| Manuscript numb | per (if known): |
| related to the cor parties whose int to transparency a | transparency, we ask you to disclose all relationships/activities/interests listed below that are named that the name of your manuscript. "Related" means any relation with for-profit or not-for-profit third erests may be affected by the content of the manuscript. Disclosure represents a commitment and does not necessarily indicate a bias. If you are in doubt about whether to list a |
| relationship/activ | rity/interest, it is preferable that you do so. |

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|---|-------------------------------|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | _√None | |
| | manuscript (e.g., funding, | | |
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| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | √None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | $_{	extstyle 	extstyle \textstyle \textst$ | |
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| 4 | Consulting fees | √None | |
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| 5 | Payment or honoraria for lectures, presentations, | √None | |
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| | | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | _√None | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | √None | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
| 0 | Doubleinstien en a Data | Γ Ν | |
| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | √ None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _√None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| | rase summarize the above of the state of interest to | | ollowing box: |
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Date:_______2022-7-25_____

| Yo | ur Name: | Jie L | i | | | |
|-----------------|---|--|---|--|--|--|
| Ma | Manuscript Title: Predicting recurrence-free survival of phyllodes tumor of the breast: a nomogram based on | | | | | |
| <u>cli</u> | clinicopathology features, treatment and surgical margin. | | | | | |
| Ma | Manuscript number (if known): | | | | | |
| rel pa to | ated to the content of your rties whose interests may be | manuscript. "Related" me e affected by the content necessarily indicate a bias | Il relationships/activities/interests listed below that are eans 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 o so. | | | |
| | e following questions apply inuscript only. | to the author's relationsh | ips/activities/interests as they relate to the <u>current</u> | | | |
| to me | The author's relationships/activities/interests should be <u>defined broadly</u> . 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) | | | |
| | | Time frame: Since the initia | al planning of the work | | | |
| L | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | | | | |
| | | Time frame: pas | t 36 months | | | |
|) | Grants or contracts from any entity (if not indicated in item #1 above). | None | | | | |
| } | Royalties or licenses | _√None | | | | |

4

Consulting fees

 $\sqrt{}$ None

| 5 | Payment or honoraria for lectures, presentations, | √None | |
|-----|---|-----------------------------|---------------|
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | _√None | |
| | testimony | | |
| | | _ | |
| 7 | Support for attending meetings and/or travel | √None | |
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| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| 0 | Doubleinstien en a Data | Γ Ν | |
| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | √ None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _√None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| Da | te: | 2022- | 7-25 | | |
|-----------------|---|--|---|--|--|
| Yo | ur Name: | Yiqiong Zheng | | | |
| Ma | anuscript Title: Predicting | recurrence-free survival o | f phyllodes tumor of the breast: a nomogram based on | | |
| <u>cliı</u> | nicopathology features, trea | tment and surgical margir | l | | |
| Ma | anuscript number (if known) | : | | | |
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| rel pa to | ated to the content of your rties whose interests may b | manuscript. "Related" me e affected by the content on necessarily indicate a bias. | I relationships/activities/interests listed below that are ans 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. | | |
| | e following questions apply anuscript only. | to the author's relationsh | ips/activities/interests as they relate to the current | | |
| to me | the epidemiology of hypertoedication, even if that medic | ension, you should declare cation is not mentioned in | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. | | |
| | e time frame for disclosure i | • | a in this manuscript without time inint. For an other item | | |
| | | 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) | | |
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| L | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | | | |
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| | Cuanta au aputus de fue un | Time frame: pas | 36 months | | |
| <u> </u> | Grants or contracts from any entity (if not indicated | None | | | |

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in item #1 above).

Royalties or licenses

Consulting fees

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| 5 | Payment or honoraria for lectures, presentations, | √None | |
|-----|---|-----------------------------|---------------|
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | _√None | |
| | testimony | | |
| | | _ | |
| 7 | Support for attending meetings and/or travel | √None | |
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| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | √ None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _√None | |
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| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| | rase summarize the above of the state of interest to | | ollowing box: |
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| Date: | 2022-7-25 |
|------------------------|---|
| Your Name: | Mei Liu |
| Manuscript Title: | Predicting recurrence-free survival of phyllodes tumor of the breast: a nomogram based on |
| clinicopathology fea | atures, treatment and surgical margin. |
| Manuscript number | · (if known): |
| • | |
| | |
| In the interest of tra | ansparency, 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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| 2 | Grants or contracts from | √None | |
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| 3 | Royalties or licenses | $_{	extstyle 	extstyle \textstyle \textst$ | |
| | | | |
| | | | |
| 4 | Consulting fees | √None | |
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| 5 | Payment or honoraria for lectures, presentations, | √None | |
|-----|---|-----------------------------|---------------|
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | _√None | |
| | testimony | | |
| | | _ | |
| 7 | Support for attending meetings and/or travel | √None | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
| 0 | Doubleinstien en a Data | Γ Ν | |
| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | √ None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _√None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| Date: | 2022-7-25 |
|---|--|
| Your Name: | Xiru Li |
| Manuscript Title: | Predicting recurrence-free survival of phyllodes tumor of the breast: a nomogram based on |
| clinicopathology | eatures, treatment and surgical margin. |
| Manuscript numb | er (if known): |
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| | Time frame: past 36 months | | | | | |
| 2 | Grants or contracts from any entity (if not indicated | √None | | | | |
| | in item #1 above). | | | | | |
| 3 | Royalties or licenses | _√None | | | | |
| 4 | Consulting fees | √None | | | | |

| 5 | Payment or honoraria for | √None | |
|-----|---|-----------------------------|---------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 1 | Payment for expert | _√None | |
| | testimony | | |
| | | _ | |
| 7 | Support for attending meetings and/or travel | √None | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
| 0 | Doubleinstien en a Data | Γ Ν | |
| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | √ None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _√None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | None | |
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