

ICMJE DISCLOSURE FORM

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 features, treatment and surgical margin.
 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.

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

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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.

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Time frame: past 36 months			
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6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
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8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

I have no conflicts of interest to declare.

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Date: _____ 2022-7-25 _____
 Your Name: _____ Yongjing Dai _____
 Manuscript Title: Predicting recurrence-free survival of phyllodes tumor of the breast: a nomogram based on clinicopathology features, treatment and surgical margin.
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ICMJE DISCLOSURE FORM

Date: _____ 2022-12-1 _____
 Your Name: _____ Qingyu Guan _____
 Manuscript Title: Predicting recurrence-free survival of phyllodes tumor of the breast: a nomogram based on clinicopathology features, treatment and surgical margin.
 Manuscript number (if known): _____

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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 features, treatment and surgical margin.
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Date: _____ 2022-7-25 _____
 Your Name: _____ Rui Geng _____
 Manuscript Title: Predicting recurrence-free survival of phyllodes tumor of the breast: a nomogram based on clinicopathology features, treatment and surgical margin.
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ 2022-7-25 _____
 Your Name: _____ Huayu Hu _____
 Manuscript Title: Predicting recurrence-free survival of phyllodes tumor of the breast: a nomogram based on clinicopathology features, treatment and surgical margin.
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Date: _____ 2022-7-25 _____
 Your Name: _____ Jie Li _____
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Date: _____ 2022-7-25 _____
 Your Name: _____ Yiqiong Zheng _____
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Date: _____ 2022-7-25 _____
 Your Name: _____ Mei Liu _____
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The author's relationships/activities/interests should be defined broadly. 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.

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