## ICMJE DISCLOSURE FORM

Date:	February 5, 2023	<i>-</i> /r4 · · ·	/-	
Your Name:	Mei Liu_	Mei	Lu	
Manuscript Ti	tle: Neoadjuvant pyr	<u>'otinib</u>	plus trastuzur	nab and vinorelbine for HER2-positive locally
advanced bre	ast cancer patient who	was ir	nitially resistan	t to HP therapy: a case report and literature
review				
Manuscript nu	umber (if known):		GS-22-751_	

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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 <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

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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)
	Ti	me frame: Since the initia	l planning of the work
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.	This manuscript was supported by the Special Project of Scientific and Technological Innovation for Social Undertakings and People's Livelihood Security of Chongqing (No.cstc2017shmsA130	The payments were made to my institution

		093) and the Chongqing Natural Science Foundation (No. CSTB2022NSCQ- MSX0842).	
		7	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36	5 months
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	

	services		
13	Other financial or non-	None	
	financial interests		

## Please summarize the above conflict of interest in the following box:

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date:	February 5, 2023			
Your Name:	Xin Zhou_	Xin	zhou	
Manuscript Ti	tle: No	eoadjuv	ant pyrotinib plus	trastuzumab and vinorelbine for HER2-
positive locall				ially resistant to HP therapy: a case report
and literature		-		_
Manuscript nu	ımber (if known):		GS-22-751	

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		Natural Science Foundation (No. CSTB2022NSCQ- MSX0842).	
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		1041	
	Grants or contracts from	Time frame: pas	st 36 months
2	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		
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