

ICMJE DISCLOSURE FORM

Date: January 28, 2024
 Your Name: Guolin Ye
 Manuscript Title: Neoadjuvant pyrotinib plus taxanes for early HER2-positive breast cancer: an exploratory phase II trial
 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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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).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

No conflict of interest

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

X 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: January 28, 2024

Your Name: Peixian Chen

Manuscript Title: Neoadjuvant pyrotinib plus taxanes for early HER2-positive breast cancer: an exploratory phase II trial

Manuscript number (if known): _____

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Peixian chen

ICMJE DISCLOSURE FORM

Date: January 28, 2024

Your Name: Xiangwei Liu

Manuscript Title: Neoadjuvant pyrotinib plus taxanes for early HER2-positive breast cancer: an exploratory phase II trial

Manuscript number (if known): _____

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Xiangwei Lu

ICMJE DISCLOSURE FORM

Date: January 28, 2024

Your Name: Ti ancheng He

Manuscript Title: Neoadjuvant pyrotinib plus taxanes for early HER2-positive breast cancer: an exploratory phase II trial

Manuscript number (if known): _____

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Tiancheng He

ICMJE DISCLOSURE FORM

Date: _____ January 13th 2024 _____

Your Name: _____ Xavier PIVOT _____

Manuscript Title: Neoadjuvant pyrotinib plus taxanes for early HER2-positive breast cancer: an exploratory phase II trial

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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 H. Pivov

ICMJE DISCLOSURE FORM

Date: January 28, 2024

Your Name: Rui Lin Pan

Manuscript Title: Neoadjuvant pyrotinib plus taxanes for early HER2-positive breast cancer: an exploratory phase II trial

Manuscript number (if known): _____

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Ruilin Pan

ICMJE DISCLOSURE FORM

Date: January 28, 2024
 Your Name: Dan Zhou
 Manuscript Title: Neoadjuvant pyrotinib plus taxanes for early HER2-positive breast cancer: an exploratory phase II trial
 Manuscript number (if known): _____

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Dan Zhou

ICMJE DISCLOSURE FORM

Date: January 28, 2024

Your Name: Lewei Zhu

Manuscript Title: Neoadjuvant pyrotinib plus taxanes for early HER2-positive breast cancer: an exploratory phase II trial

Manuscript number (if known): _____

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Leimei Zhu

ICMJE DISCLOSURE FORM

Date: January 28, 2024
 Your Name: Kun Zhang
 Manuscript Title: Neoadjuvant pyrotinib plus taxanes for early HER2-positive breast cancer: an exploratory phase II trial
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Kunzhang

ICMJE DISCLOSURE FORM

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 Manuscript Title: Neoadjuvant pyrotinib plus taxanes for early HER2-positive breast cancer: an exploratory phase II trial
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Wen Li

ICMJE DISCLOSURE FORM

Date: January 28, 2024

Your Name: Shuqing Yang

Manuscript Title: Neoadjuvant pyrotinib plus taxanes for early HER2-positive breast cancer: an exploratory phase II trial

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> ___ <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> ___ <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> ___ <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> ___ <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> ___ <input checked="" type="checkbox"/> None	

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

No conflict of interest

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

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

Sheeling Yang

ICMJE DISCLOSURE FORM

Date: January 28, 2024

Your Name: Jiawei Lin

Manuscript Title: Neoadjuvant pyrotinib plus taxanes for early HER2-positive breast cancer: an exploratory phase II trial

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**.

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.

		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			
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Time frame: past 36 months			
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3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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No conflict of interest

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

Lrawei Lin

ICMJE DISCLOSURE FORM

Date: January 28, 2024

Your Name: Gengxi Cai

Manuscript Title: Neoadjuvant pyrotinib plus taxanes for early HER2-positive breast cancer: an exploratory phase II trial

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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6	Payment for expert testimony	X ___ None	
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8	Patents planned, issued or pending	__X__ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X___ None	
11	Stock or stock options	_X___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___ None	
13	Other financial or non-financial interests	__X__ None	

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Gregory Cai

ICMJE DISCLOSURE FORM

Date: January 28, 2024

Your Name: Hui qi Huang

Manuscript Title: Neoadjuvant pyrotinib plus taxanes for early HER2-positive breast cancer: an exploratory phase II trial

Manuscript number (if known): _____

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Hueji Huang