

## ICMJE DISCLOSURE FORM

Date: July 20, 2024

Your Name: Caixin Qiu

Manuscript Title: Can Negative Axillary Ultrasound Reliably Predict Pathologically Negative Axillary Lymph Node Status in Breast Cancer Patients with cT≤3cm, cN0, and HER2-Positive? A Retrospective, Single-Institution Study

Manuscript number (if known): \_\_\_\_\_

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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.

		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)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
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8	Patents planned, issued or pending	<input type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
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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.

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Date: July 20, 2024

Your Name: Yansha Wei

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